

The 38th Annual Illinois State Safety Rodeo

June 21 & 22, 2017

Peoria, IL

Road-e-o Registration



ILLINOIS ASSOCIATION FOR PUPIL TRANSPORTATION

**38th Annual School Bus Safety Roadeo
June 21 & 22, 2017
Peoria Civic Center, Peoria, IL**

ENTRY APPLICATION

Upon completion of the Application Form, attach required fee, make check payable to IAPT and forward to:

**Barbara Rizzo
IAPT
P.O. Box 1027
Peotone, IL 60468**

IMPORTANT: The deadline for the Roadeo Entry and order for extra banquet tickets is **Friday, May 29, 2017.**

Please print or type the following information:

Name of Contestant

Name of Employer

Address

Address

City, State Zip

City, State Zip

Telephone

E-Mail Address

Illinois Driver's License _____

I hereby agree to the following terms and conditions:

Both as to myself and my heirs and personal representative, I release the Illinois Association for Pupil Transportation and all of its officers, and/or representatives from any liability and right of action that might arise from any damage or injury I may receive from attending or participating in said 2017 Roadeo.

The Illinois Association for Pupil Transportation shall have the right to use any article or photographs taken of me in connection with the 2017 Roadeo for whatever purposes, whether in advertising, promotions, or exhibits. I will be bound by all orders, rules and regulations governing the I.A.P.T. School Bus Safety Roadeo while participating in the 2017 Roadeo as a contestant or spectator.

Contestant's Signature

Date

Certification by Employer:

I hereby certify that the above named applicant has in his/her possession a valid School Bus Permit, valid Class "B" or greater Illinois CDL, has been actively employed by me for the 2016-2017 school year, and has not had a chargeable school bus accident during the past year.

Supervisor's Name (Please Print)

Supervisor's Signature

CONTESTANT INFORMATION

Name: _____

Address: _____
 Address City State Zip

Years as a school bus driver: _____

Employer's Name: _____

Description of the School Bus Driven during the 2016-2017 School Year:

Make: _____ Year: _____ Capacity: _____

Is this your first Roadeo? YES / NO (circle) If no, how many years have you competed in the Roadeo Competition?
_____ years

Why do you like being a professional school bus driver?

GENERAL INFORMATION

Informational material will be forwarded to each applicant. Roadeo Contestants will be limited to a maximum of 60. IAPT reserves the right to limit the number of participants attending from any district and/or contract operation. Limitations will be in proportion of the total number of entries of the district and/or operation.

A \$110.00 registration fee must be submitted with each application. This fee will include the contestant's ticket for the awards banquet to be held on Thursday, June 22, 2017 as well as a t-shirt. Room blocks have been reserved at the Pere Marquette-Marriott, Peoria, IL Please indicate that you are with the Illinois Association for Pupil Transportation to receive the conference rate of \$ 125.00 plus tax. Contestants must make hotel room reservations directly with the Pere Marquette-Marriott, Peoria, Illinois. Reservations must be made by June 4, 2017 to receive reduced rate.

- 1. To make reservations on-line:
[Book your group rate for Illinois Association for Pupil Transportation Conference Jun2017](#)
- 2. To make reservations by phone: Call 1-800-228-9290 for Pere-Marquette-Marriott Reservations
Make sure to mention IAPT room block.

A check for the required **\$110.00** registration fee must be attached to this application in order to participate as a contestant in the 2017 I.A.P.T. School Bus Safety Roadeo. Please reserve _____ additional banquet tickets at \$ 40.00 each.

*****Please bring appropriate dress for the banquet dinner. Business casual or better, please.*****
Checks must be attached and made payable to IAPT.

FREE!!!!!!

I.A.P.T.

**2017 ILLINOIS SCHOOL BUS
ROADEO
T-SHIRT ORDER**



SHIRT INCLUDED IN YOUR REGISTRATION FEE!!!!

NAME: _____

DISTRICT/COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (____) _____

CHECK SIZE BELOW

____ MED ____ LG ____ XL ____ XX-LARGE ____ XXX-LARGE

ADDITIONAL SHIRTS:

If you would like to order an additional shirt , you may do so at \$ 15.00 per shirt.

____ MED ____ LG ____ XL ____ XX-LARGE ____ XXX-LARGE

\$_____ Total amount enclosed for additional shirts only

Send payment and order form to:

IAPT
c/o Barb Rizzo
P.O. Box 1027
Peotone, Illinois 60468

T-shirt Order Deadline is May 29, 2017