



**NEW YORK ASSOCIATION FOR PUPIL TRANSPORTATION
SCHOOL BUS SAFETY FESTIVAL**

2020 CONTESTANT ENTRY APPLICATION

NAME OF CONTESTANT _____ **EMAIL _____

ADDRESS _____ SHIRT SIZE _____

TELEPHONE NUMBER () _____

ENTRY TYPE: CONVENTIONAL ___ TYPE A (van) ___

NEW YORK STATE LICENSE NUMBER _____

Number of guests you will bring to the Festival _____

CERTIFICATION BY DRIVER: I hereby certify that I have been employed as a school bus driver for the past school year. During the previous twelve months I have not received a moving traffic violation or have been involved as a driver in an avoidable vehicle accident. (Written proof must substantiate a claim of avoidable accident and such proof is subject to approval by the Safety Festival Committee.)

I understand that any misrepresentation made here and/or avoidable accident or moving violation occurring before the date of said Safety Festival will be cause for disqualification.

DATE _____ DRIVER'S SIGNATURE _____

SPONSORING SCHOOL DISTRICT/CHAPTER:

I nominate the above driver to represent: _____

SIGNED: _____ DATE _____

Sponsoring School District or Contractor

SCHOOL DISTRICT/CONTRACTOR CONTACT INFO (MUST BE COMPLETED)

Name _____ Phone () _____

Email _____

DO NOT WRITE BELOW THIS LINE

Received by Committee: _____ DATE: _____

Approved by Committee: _____ DATE: _____

Contestant Notified: _____ DATE: _____

Contestant's Assigned Number: _____

Payment: _____



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Name of Contestant: _____ **Date:** _____

Home Address: _____

Driving for: _____
Chapter **School District/Contractor**

Number of years driving a School Bus: _____

Safety Courses Attended: (other than two-hour refreshers)

Basic Training course completed: Y/N Where: _____ **When:** _____

Accidents during the past year? _____

Have you been a Road-ee Contestant before? If so:

Year: _____ **Where:** _____ **# Placed:** _____

Year: _____ **Where:** _____ **# Placed:** _____

Year: _____ **Where:** _____ **# Placed:** _____

THE MOST IMPORTANT THING TO REMEMBER WHEN DRIVING A SCHOOL BUS IS:
