

2011 World's Largest Truck Convoy® Athlete Marshal Nomination Form



Athletes (or parent/guardian/coach) of either gender are invited to fill out this form!

Marshal must find own transportation to and from event.

Name: _____ M F

Address: _____

Phone: _____

Email: _____

Special Olympics Agency: _____

Polo Shirt Size: _____

*Must sign waiver if selected as marshal to ride in Truck Convoy.



Special Olympics
Wisconsin
Be a fan.

Presented by



Share with us any honors or activities you have earned or taken part in through your involvement with Special Olympics Wisconsin: (please use additional pages for detailed responses)

Why would you like to be the Truck Convoy Athlete Marshal? (please use additional pages for detailed responses)

Is the athlete comfortable with media interviews and/or speaking in front of a large group?

(not required, for event planning purposes only) _____

Submit this completed form WITH A PHOTO OF THE ATHLETE by July 31, 2011.

By Mail:

Special Olympics Wisconsin
c/o Convoy Marshal
2310 Crossroads Drive, Suite 1000
Madison, WI 53718

By Email:

vgreen@specialolympicswisconsin.org



Founding Partners

