

# COLUMBIA FORKLIFT CHALLENGE

Sit down, propane forklift competition

## Driver Entry Form

Oregon Convention Center – Portland ► Wednesday, March 8, 2023

### Driver Contact Information

Please print

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



Team Entry: Are you also a member of a three-driver team?  Yes  No

List other team members: \_\_\_\_\_

Teams of three must be determined prior to the event with a limit of one team from a location. Driver changes are allowed prior to check-in. Team score is derived from the three individual scores.

More CFC information or to register online visit [oregongosh.com](http://oregongosh.com)

## Entry deadline February 10, 2023 – Event limited to 30 drivers

Once registered, you will receive the **Driver Application Packet** via e-mail (beginning January 16, 2023). Packet includes:

- Driver biography form
- Waiver
- Proof of operator training from your employer
- 20-question "Safe Forklift Operation" quiz

The quiz is not a pass-fail exam; however, participants will receive a one point demerit for each incorrect answer.

**NOTE:** Forklift operators must be competent to operate the truck safely (as determined by their employer). The proof of operator training should be a photocopy of the employer's documentation showing the operator was trained and evaluated to operate the forklift safely.

### Completed Driver Packet due February 21, 2023

### Entry fee is \$125 per person

(lunch included)

Payment must accompany registration form. Make check payable to:

Oregon Governor's Conference  
PO Box 5640  
Salem, OR 97304-0640

– OR – Fax form with credit card information to 503-947-7019

**Check-in on March 8, 2023**, begins at 7:30 a.m. and closes at 8:15 a.m. in Exhibit Hall C at the Oregon Convention Center. All drivers must attend the driver's orientation at 8:30 a.m. or as soon as all drivers have checked in. Starting times will be chosen by drawing numbers and assigned to each driver after check-in.

**Questions?** Contact Craig Hamelund at 971-375-7156 or email [Craig.Hamelund@dcbs.oregon.gov](mailto:Craig.Hamelund@dcbs.oregon.gov)

Charge \$ \_\_\_\_\_ my:  MasterCard  VISA  American Express  Discover

Name on card (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Billing address: \_\_\_\_\_

Billing city: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_ { 3 digits on back of MasterCard or VISA  
4 digits on front of American Express

Signature: \_\_\_\_\_

### Office use only

Date Rec. \_\_\_\_\_

Amt. Rec. \_\_\_\_\_

Check # \_\_\_\_\_

PO # \_\_\_\_\_

Last 4 \_\_\_\_\_

Credit Card #:

For your protection, your credit card number will be shredded after processing.