

CFC Driver Entry Form

More CFC information at:
www.oregongosh.com

COLUMBIA FORKLIFT CHALLENGE

Oregon Convention Center – Portland ► March 5, 2013



Driver Name _____

Company _____

Address _____

Phone _____

E-mail _____

Please select your competition: ☐ sit-down counterbalance ☐ stand-up reach

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 event. Driver changes are allowed prior to check-in.

Team score is derived from three individual scores.

Registration deadline February 8, 2013

Once registered, you will receive the **Driver Application Packet** via e-mail (sent January 15, 2013).

Packet includes:

- Driver biography form
- Waiver
- Request for operator training/evaluation 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.

Completed Driver Packet due February 15, 2013

NOTE: Forklift operators must be competent (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.

Entry fee is \$50 per person (lunch is 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**

Charge \$ _____ to my:

☐ MasterCard ☐ VISA ☐ Discover ☐ American Express

Credit card # _____

Exact name on credit card: _____

Billing address: _____

Exp. date: _____ Signature: _____

Check-in on March 5, 2013 begins at 8 a.m. and closes at 8:45 a.m. in Exhibit Hall C at the Oregon Convention Center. All drivers must attend the driver's orientation at 9 a.m. Starting times will be chosen by drawing numbers and assigned to each driver after check-in.

Questions? Contact Craig Hamelund
at **971-673-2875** or e-mail
Craig.Hamelund@state.or.us

Office use only

Date _____ Amount _____

☐ Credit card

☐ Check # _____