

The 47th Annual PA School Bus Driver's Safety Competition

June 19-20, 2026– State College, PA

****Driver Entry Application****

This registration form and payment must be received by June 5, 2026 to ensure entry.

Contestant Application Fee: \$50.00. Additional Lunch Tickets can be purchased for guests. Please send:

Name of Contestant _____ Phone () _____

Class of Competition: Conventional PLEASE NOTE – this year we will only have one class for competition!

Contestant Address _____

City

State

Zip

Contestant E-Mail Address: _____

District or Contractor Name _____ Phone _____

Employer Contact _____ E-Mail Address: _____

Address of Employer _____

Street

City

State

Zip

Intermediate Name _____ IU # _____

Official Acknowledgement of Contestant: I hereby agree to the following terms and conditions:

1. I am not in the employ of the PA School Bus Driver's Safety Competition.
2. The Pennsylvania School Bus Association Safety Competition Committee and all of its officers, representatives, and staff are released from any liability and any right of action that might arise from any damage or injury which I may receive while attending or participating in said Safety Competition.
3. The Pennsylvania School Bus Association Safety Competition Committee or its assignees shall have the right to use any personally related articles or photographs in connection with the Competition for whatever purpose, whether in advertising, promotion or exhibits.
4. I will be bound by all orders, rules and regulations governing the Pennsylvania School Bus Association Safety Competition while participating in said competition.
5. I understand that no weapons (knives, guns, etc.) of any type are permitted at the site of the Safety Competition.

Signature of Applicant _____ Date _____

Certification of Employer or District Supervisor: I certify the above driver has not had a preventable accident since September 1, 2025.

(Signature)

(Name and position)

(IU#)

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Contestant Biographical Information

IU # _____ District or Contractor Name: _____ Contestant # _____
 (will be assigned on Friday)

Please answer the following questionnaire. This information will be used by the announcer when you are called to begin your skills event.

Name _____ Age/DOB: _____ Male Female

Home Address: _____

of years as bus driver: _____ Years Accident Free: _____

School district you drive for: _____

Spouse: _____ # of Children: _____ # of Grandchildren: _____

Hobbies & Interests: _____

Is this your first safety competition? YES NO # that you have competed in _____

Awards/Recognition _____

Comments from Employer _____

Why do you like being a professional school bus driver (something we can announce on the PA system)?

Please complete this section if you will be bringing guests to the luncheon (feel free to use another sheet if needed)
 Please include \$25 for each guest for lunch. Tickets will not be sold at the door this year. All meals must be paid for in advance. Checks should be made payable to **PA School Bus Association**. Lunch Tickets can be picked up during Registration on Friday Evening. **Deadline: June 5, 2026.**

Name of guest (s)

For office use:	
Date	_____
Check #	_____
Total	\$ _____

Total Number of Guest Lunch Tickets _____ @ \$25 = \$ _____
Registration Fee \$ _____ 50.00

Total Amount Enclosed (payable to PA School Bus Safety Competition) \$ _____