

**CASTO Chapter 19**  
**SCHOOL BUS SAFETY ROADEO**  
April 11, 2020

**Please Note: This is a four part application**

Name of Employer \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Entry fee: Members: \$35.00 / Non-Members: \$45.00 . Check/Cash/Purchase Order or Credit Card accepted. Fees must be received by the day of Roadeo.

**Please check if you want the organization to be considered for the “Best Represented Award”, as described in the qualifications.    Yes    No**

**With my signature on the application, I hereby agree to the following terms and conditions:**

1. Both as to myself and my heirs and personal representatives, I release California Association of School Transportation Officials (CASTO) and the California School Bus Safety Roadeo and all of its officers or representatives from any liability and any right of action that may arise from any damage or injury which I may receive from attending or participating in said Roadeo.
2. All orders, rules, and regulations governing the California School Bus Safety Roadeo will bind me.
3. The California School Bus Safety Roadeo shall have the right to use any articles or Photographs taken of me at or in connection with the Roadeo for whatever purpose, whether in advertising, promoting, or exhibiting.
4. All vehicle lengths and types must be listed on the next page of this application in the appropriate spaces.

**CERTIFICATION BY EMPLOYER:** My signature verifies that the applicant(s) possess(es) all of the current legal documents required to operate the appropriate type of school bus(es) to be driven in the Roadeo.

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**Mail completed entry form/payment to:**

CASTO Chapter 19  
1485 Big Basin Way  
Boulder Creek, CA 95006

**Also scan and email all applications to:**

casto19@yahoo.com

**Credit Card Form on last page**

Information: casto19@yahoo.com

<https://casto19.webs.com/>

**DEADLINE FOR ENTRY**  
**No applications will be accepted after APRIL 4, 2020**









casto19@yahoo.com

## Credit Card Authorization Form

CARD HOLDER INFORMATION		
Name on Card		
Card Holder Address		
City	State	Zip
Telephone	Email	

PAYMENT AUTHORIZATION	
Card Type: <input type="radio"/> VISA <input type="radio"/> MasterCard	
Card Number:	
CVV2 Number:	Expiration Date:
<p>I wish to authorize the purchase of services/merchandise from California Association of School Transportation Officials (CASTO) Chapter 19, using this Credit Card Authorization Form. I agree that I will pay for this purchase and indemnify and hold CASTO harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as the authorized signature on the credit card charge slip. This authorization is valid for a period of six (6) months.</p>	

Print Name

Signature

Date