

**Washington Association for Pupil Transportation
State Technical Skills Competition Entry Form**

Competition will be June 26, 2011

8:30AM check in 9:00 AM Written test begins.

Location Yakima Transportation Center, 1802 W. Perry St., Yakima

Technician Name: _____ School District: _____
Please Print or Type Name

Work Phone: (____) _____ Fax Number: (____) _____

District Mailing Address: _____
Street

_____ **City** _____ **zip code** _____ **ESD #**

T- Shirt size _____

**All Entry Forms and Registration Fee of \$70.00 (includes Sunday night dinner)
Must Be Received By June 17, 2011.**

Payment method check # _____ Purchase order # _____
(Must be made payable to W.A.P.T)

Technician Signature: _____

**By verification of signature; I have read, understand, and accept all terms and conditions of
this competition as stated in the competition rules.**

Supervisor Signature: _____
Email address _____

**I hereby certify that the technician named above is currently employed as a school bus
mechanic/repair technician within the identified school district.**

Mail or fax entry forms to:
Randy Millhollen
800 Oakesdale Ave SW
Renton, WA. 98055-1221
Fax # 253-778-7996

----- Official Use Only -----
Date Received: _____

Check #: _____ PO #: _____

Verified as an eligible contestant: Yes No (return paperwork/funds)

Date registration approved and returned: _____

Technician's name placed on spreadsheet: