

2023

KANSAS TRUCK DRIVING CHAMPIONSHIP

Meal Ticket Orders

June 16-17, 2023 • Stormont-Vail Events Center • Hotel Topeka at City Center • Topeka, KS

All meal tickets must be purchased by June 15. We recommend one person in your company to be responsible for completion of this form. Send in only one copy as soon as possible. Be sure to include family members of drivers. If you purchase meal tickets before the registration deadline of May 26, 2023, you will receive early bird pricing. Lunch and dinner will be provided on Friday for the contestants and volunteers in addition to the Saturday lunch and Saturday Evening Banquet. A sponsored grilled lunch will be provided Saturday. **Safety Directors, company officials, spouses, children, guests, etc. need to purchase meal tickets for the Friday Evening Meal and the Saturday Evening Banquet.** The Banquet will have reserved seating. NO banquet ticket sales on Saturday.

All meal tickets will be given at registration on Friday, June 16.

Number of Drivers that will be attending each meal (Meals included with Driver registration):

_____ **Friday Evening**
_____ **Saturday Evening**

We understand that some companies may want to treat their Drivers and their families to dinner Friday night. Please indicate how many registered drivers will be attending the TDC provided dinners each night so we have an accurate count.

Company representative responsible for meal tickets:

Name: _____ Company: _____
Mailing Address: _____ City/State/Zip: _____
Phone: _____ Email for Receipt: _____

Please complete the following and return with your payment to reserve your seats for this year's Awards Banquet. All attendees (Safety Directors, company officials, spouses, children, guests, etc.) must be counted below!

- A) _____ Friday Evening Adult Ticket \$35 (Before May 26) \$40 (After May 26)
- B) _____ Friday Evening Child Ticket (Under 12 years old) \$25 (Before May 26) \$30(After May 26)
- C) _____ Saturday Evening Adult Ticket \$55 (Before May 26) \$65 (After May 26)
- D) _____ Saturday Evening Child Ticket (Under 12 years old) \$35 (Before May 26) \$40 (After May 26)

Reserved Seating

Total # for Friday Evening Dinner _____ (Please include everyone to be seated with your group)
Total # for Saturday Banquet Seats _____ (Please include everyone to be seated with your group)

Registration will not be processed without payment.

Enclosed check # _____ made payable to Kansas Motor Carriers Association

Must be **ONE CHECK**; Personal checks are **NOT** accepted.

Credit Card: AMEX MasterCard VISA Total Amount Paid \$ _____

Name on Card: _____ CVV Security Code: _____

Credit Card Number: _____ Expiration Date: _____

Signature: _____

June 16-17, 2023

Stormont-Vail Events Center
(Formerly Expocenter)

Hotel Topeka at City Center
(Formerly Capitol Plaza Hotel)

Topeka, KS

Please return forms and payment to:

Kansas Motor Carriers Association

PO Box 1673 • Topeka, KS 66601

Email: events@kmca.org

Fax: 785-266-6551

Phone: 785-267-1641

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TENT RESERVATION Due: June 6

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Due to liability reasons KMCA will be providing tents. You can reserve a tent on a first come first serve basis by payment. Please fill out the tent reservation form if you would like to reserve a tent for your company be sure to include your payment with the form.

If you are a company that does not require your own tent and would like to participate in the group sponsored tent please select the group tent below.

Contact Information

Name: _____

Company: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Tent Sizes

Please select your tent size. Pricing includes delivery, set up, tear down and taxes.

_____ **Group Tent - \$50**

_____ **20 x 20 - \$356**

_____ **20 x 30 - \$486**

_____ **Folding Chairs - \$1**

_____ **8' Rectangle Table - \$10**

Payment Information

Reservations will not be processed without payment.

Enclosed check # _____ made payable to Kansas Motor Carriers Association

Must be **ONE CHECK**; Personal checks are *NOT* accepted.

Credit Card: AMEX MasterCard VISA Total Amount Paid \$ _____

Name on Card: _____ Email for Receipt: _____

Credit Card Number: _____ Expiration Date: _____ CVV Code: _____

Signature: _____

Please return forms and payment to:

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