

Winterfest 2008 Driver Information Form

Please fill out the information below, sign the statement below, and attach proof of insurance.

DRIVER'S FULL NAME: _____

DATE OF BIRTH (MO/DAY/YR): _____

ADDRESS: _____

DRIVER'S LICENSE STATE AND # _____

NAME OF DRIVER'S AUTOMOBILE INSURANCE CARRIER _____

DRIVER'S AUTOMOBILE INSURANCE POLICY # _____

VEHICLE MAKE AND MODEL _____

VEHICLE OWNER _____

VEHICLE'S LICENSE PLATE STATE AND # _____

By my signature below, I hereby signify and certify that I carry an insurance policy on my vehicle which meets or exceeds the minimum level of protection, as required under Colorado State law (\$25,000 bodily injury liability maximum for one person injured in an accident, \$50,000 bodily injury maximum for all injuries in one accident, \$15,000 property damage liability maximum for one accident, and uninsured motor coverage also required). I further attest that my driver's license is currently in good standing and that I am legally entitled to drive.

Signature

Attach a photocopy of your proof of insurance.