

SOITC Registration Form

* Mandatory fields



*First name	
*Last name	
Nick Name 1 (Primary Nick Name)	
*Phone 1	
*E-Mail 1 (Primary email address)	
*Address1 (Home or Primary Mailing Address)	
*City (Home or Primary City Name)	
*STATE/PROVINCE (Home or Primary State)	
*Zip (Home or Primary Zip Code)	
First Name 2 (Spouse or Partner First Name)	
Last Name 2 (Spouse or Partner Last Name)	
Nick Name 2 (Spouse or Partner Nick Name)	
Phone_2 (Spouse or Partner Phone Number)	
E-Mail 2 (Spouse or Partner email Address)	
*Regional Affiliation	<input type="checkbox"/> Eastern <input type="checkbox"/> North Central <input type="checkbox"/> Western <input type="checkbox"/> South Central
Rig Year	
*SOITC Number (Last 6 numerals of VIN, Last 4 if rig is pre-2016)	
Full Timers? (Yes or No)	
*Model (your DRV Model)	
*Length (Length of your RV)	
Tow Vehicle	<input type="checkbox"/> Pickup <input type="checkbox"/> MDT <input type="checkbox"/> HDT <input type="checkbox"/> Other
Date:	
Event or Occasion for registration	