

North Carolina Association of Rescue & E.M.S., Inc.

BASIC LIFE SUPPORT COMPETITION ENTRY FORM

Hickory, North Carolina
September 9, 2017

Please print or type

Squad _____

Address _____

City _____ STATE _____ ZIP _____

Email Address: _____

Day Phone #() _____ Night Phone #() _____ Cell Phone #() _____

Team Captain's Name: _____

"We understand that this form must be postmarked by July 21, 2017 for our team to be eligible to compete".

Signed _____

Title _____ Date _____

Please indicate: SENIOR TEAM _____ JUNIOR TEAM _____

--Each team is required to furnish one (1) victim.

--Each team that enters, will be sent a complete list of rules, regulations and equipment list.

*** Only two (2) members will engage in a problem.

*** Only three (3) members will be allowed on a team. (four (4) for Junior Teams)

Qualified BLS Judge Assistant:

Name: _____ Address _____ City _____ St _____ Zip _____

Phone: () _____ E-mail _____

Mail, email, or fax entry form to:
N. C. Association of Rescue & EMS, Inc.
P. O. Box 1914
Goldsboro, NC 27533-1914
Email: jfaircloth@ncarems.org
Fax: 919 736-7759

North Carolina Association of Rescue & E.M.S., Inc.

BASIC LIFE SUPPORT COMPETITION

TEAM MEMBERS

Hickory, North Carolina

September 9, 2017

Please print or type

Team Name _____

1. TEAM CAPTAIN _____

2. TEAM MEMBER _____

3. TEAM MEMBER _____

4. JR. TEAM (ONLY) _____

This form must be postmarked by July 21, 2017.

RETURN TO:

N. C. Association of Rescue & EMS, Inc.

P. O. Box 1914

Goldsboro, NC 27533-1914

Email: jfaircloth@ncarems.org

Fax: 919 736-7759