

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

TECHNICAL RESCUE COMPETITION

ENTRY FORM

Hickory, North Carolina

September 8, 2017

Please print or type

Squad _____

Address _____

City _____ State _____ Zip _____

Email Address: _____

Day Phone # () _____ Night 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 _____

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***

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

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

TECHNICAL RESCUE COMPETITION

TEAM MEMBERS

Hickory, North Carolina

September 8, 2017

Please print or type

Team Name _____

1. Team Captain _____

2. Team Co-Captain _____

3. Team Member _____

4. Team Member _____

5. Team Member _____

6. Team Member _____

Return to:

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Goldsboro, NC 27533-1914

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MUST BE RETURNED & POSTMARKED BY JULY 21, 2017