

North Carolina Association of Rescue & E.M.S., Inc.
CRAIG A. HELMS MEMORIAL TECHNICAL RESCUE CHALLENGE
COMPETITION

ENTRY FORM

Greenville, North Carolina
April 24, 2010

Please print or type

Squad: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business Phone #(_____) _____ Home Phone #(_____) _____

Team Captain's Name (please print): _____

"We understand that this form must be postmarked by April 1 for our team to be eligible to compete."

Signed: _____

Printed Name: _____

Title: _____ Date: _____

***** ONLY TWO (2) MEMBERS ON A TEAM *****

Please Print or type

1. TEAM MEMBER: _____

2. TEAM MEMBER: _____

Mail or Deliver Entry Form to:

N.C. Association of Rescue & EMS
CRAIG A. HELMS MEMORIAL TECHNICAL RESCUE CHALLENGE
PO Box 1914
Goldsboro NC 27533-1914