



Due 08/27/2010.

EMS COMPETITION REGISTRATION FORM

Sept. 25, 2010

Name

Certification

Team Leader: _____

Member #2: _____

Member #3: _____

Alternate: _____

Division? AGENCY: _____

ALS ADDRESS: _____

or _____

BLS PHONE: _____

FAX: _____

Return this form along with registration fee of \$75 by **08/27/2010**.

Assure that team names are legible and properly spelled.

Late registrations will not be accepted. All check received are non-refundable.

Make checks payable to "Greater Baldwinsville Ambulance Corps" and send to:

Questions?

Contact Us:

By Phone: 315-638-4328

Fax: 315-638-3584

gbacems@gmail.com

GBAC EMS Competition

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www.gbacems.org