

South Carolina 2014 Paramedic Competition
Registration Form

PLEASE TYPE OR PRINT!

Crew Chief's Name: _____ SC Paramedic # _____
Mailing Address: _____ Phone# _____
_____ Shirt Size: _____
Email address: _____

(Note: All correspondence regarding competition will be sent to the Crew Chief and Sponsoring Agency)

Crew Member's Name: _____ SC Paramedic # _____
Shirt Size: _____

Sponsoring EMS Provider: _____ DHEC License # _____
Director/Captain/Chief: _____ Phone# _____
Mailing Address _____
Email address: _____

Indicate your region by filling in the appropriate box below:

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Upstate | <input type="checkbox"/> Pee Dee |
| <input type="checkbox"/> Midlands | <input type="checkbox"/> Lowcountry |

**REGIONAL COMPETITION CHAMPIONSHIP
WILL BE HELD ON SATURDAY, January 11, 2014**

Location of regional competition:

- Upstate EMS Council Office – 121 Interstate Blvd., 5-B, Greenville
- Midlands EMS Office – 3201 Leaphart Road – W. Columbia
- Pee Dee Regional EMS Office – 1314 W. Darlington Street – Florence
- Lowcountry Regional EMS Office – 1016 E. Montague Ave – N. Charleston

TEAM REGISTRATION FEE OF \$50.00 MUST ACCOMPANY REGISTRATION. PLEASE MAKE CHECKS PAYABLE TO:

SC PARAMEDIC COMPETITION

Please send completed Registration Application with fee to:

Paramedic Competition
Upstate EMS Council, Inc.
121 Interstate Blvd., Suite 5-B
Greenville, SC 29615

****DEADLINE FOR REGISTRATION IS NO LATER THAN **Friday, December 20, 2013 at 5:00 pm******
NO EXCEPTIONS!