

**2018 - REGISTRATION FORM**

Must Receive by May 10th, 2018

**MINE RESCUE, FIRST AID, BENCH AND  
PRE-SHIFT EXAMINER'S CONTESTS  
JUNE 5th, 6th, 7th, 2018 – Cadiz, Ohio**

**COMPANY NAME:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_

**TEAM 1 NAME:** \_\_\_\_\_

\_\_\_\_\_ TEAM WILL PROVIDE OWN COMPUTER AND VISIO MAPPING PROGRAM (yes – no)

**REGISTRATION FEE:**

\_\_\_\_\_ \$500 1 DAY CONTEST – AVAILBLE WEDNSDAY ONLY

\_\_\_\_\_ \$800 2 DAY CONTSSET

1. _____	Capt.	6. _____	Brief. Off.
2. _____		7. _____	Patient
3. _____		8. _____	Alternate
4. _____		9. _____	Trainer
5. _____			

**FIRST AID TEAM PERSONNEL - REGISTRATION FEE \$100 PER TEAM**

1. _____	Capt.	1. _____	Capt.
2. _____		2. _____	
3. _____		3. _____	

**BENCH TEAM REGISTRATION - REGISTRATION FEE \$100 PER CONTESTANT**

\_\_\_\_\_ **BG-4** \_\_\_\_\_ **Bio-Pak 240-R**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**PRE-SHIFT MINE EXAMINER - REGISTRATION FEE \$100 PER CONTESTANT**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**IF ONLY REGISTERING ONE TEAM - PROCEED TO BOTTOM OF NEXT PAGE**

**TEAM 2 NAME:** \_\_\_\_\_

\_\_\_\_\_ TEAM WILL PROVIDE OWN COMPUTER AND VISIO MAPPING PROGRAM (yes – no)

**REGISTRATION FEE:**

\_\_\_\_\_ \$500 1 DAY CONTEST – AVALIBLE WEDNSDAY ONLY

\_\_\_\_\_ \$800 2 DAY CONTSET

1. _____	Capt.	6. _____	Brief. Off.
2. _____		7. _____	Patient
3. _____		8. _____	Alternate
4. _____		9. _____	Trainer
5. _____			

**FIRST AID TEAM PERSONNEL - REGISTRATION FEE \$100 PER TEAM**

1. _____	Capt.	1. _____	Capt.
2. _____		2. _____	
3. _____		3. _____	

**BENCH TEAM REGISTRATION - REGISTRATION FEE \$100 PER CONTESTANT**

\_\_\_\_\_ **BG 4**    \_\_\_\_\_ **Bio-Pak 240-R**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**PRE-SHIFT MINE EXAMINER - REGISTRATION FEE \$100 PER CONTESTANT**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**CONTACT INFORMATION**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

**FEES ENCLOSED**

**Registrations:** \$ \_\_\_\_\_

**Banquet**

**Tickets:**

\_\_\_\_\_ X \$35    \$ \_\_\_\_\_

**TOTAL:**    \$ \_\_\_\_\_

**Team Shirt Sizes: Please provide shirt sizes for each team member below.  
(S, M, L, XL, 2XL, 3XL)**

**TEAM 1 NAME:** \_\_\_\_\_

**Shirt Size:**

- |          |       |          |             |
|----------|-------|----------|-------------|
| 1. _____ | Capt. | 6. _____ | Brief. Off. |
| 2. _____ |       | 7. _____ | Patient     |
| 3. _____ |       | 8. _____ | Alternate   |
| 4. _____ |       | 9. _____ | Trainer     |
| 5. _____ |       |          |             |

**TEAM 2 NAME:** \_\_\_\_\_

**Shirt Size:**

- |          |       |          |             |
|----------|-------|----------|-------------|
| 1. _____ | Capt. | 6. _____ | Brief. Off. |
| 2. _____ |       | 7. _____ | Patient     |
| 3. _____ |       | 8. _____ | Alternate   |
| 4. _____ |       | 9. _____ | Trainer     |
| 5. _____ |       |          |             |

**Note: For Teams Opting to Mail in Registration and/or to Make Payment:**

**Mail To:**

**Mike Call**

**NMRA Post 6 Registration**

**50614 Jacobsburg Key Rd.**

**Jacobsburg, OH 43933**

**Checks - Make Payable To:**

**Tri State Post 6**