

2019 - REGISTRATION FORM

Must Receive by May 9th, 2019

**MINE RESCUE, FIRST AID, BENCH AND
PRE-SHIFT EXAMINER'S CONTESTS
JUNE 4th, 5th, 6th, 2019 – 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 – AVAILABLE WEDNESDAY ONLY

_____ \$800 2 DAY CONTEST

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

FIRST AID TEAM PERSONNEL - REGISTRATION FEE \$150 PER TEAM

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

BENCH TEAM REGISTRATION - REGISTRATION FEE \$150 PER CONTESTANT

_____ **BG-4** _____ **Bio-Pak 240-R**

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

PRE-SHIFT MINE EXAMINER - REGISTRATION FEE \$150 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 – AVAILABLE WEDNESDAY ONLY

_____ \$800 2 DAY CONTEST

- | | | | |
|----------|-------|----------|-------------|
| 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 \$150 PER CONTESTANT

_____ **BG 4** _____ **Bio-Pak 240-R**

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

PRE-SHIFT MINE EXAMINER - REGISTRATION FEE \$150 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