South Carolina State Firefighter's Association

Explorer/Junior Firefighter Competition

June 17, 2017 3 PM *(in front of Convention Center)*

Registration Form

ALL REGISTRATIONS NEED TO BE SUBMITTED BY JUNE 2, 2017

Fire Department: _____

Mailing Address : _____

City: _____ Zip Code:_____

Chief Name: _____Phone #: _____

Post Advisor or Contact:_____Phone #:_____

Contact Email Address:_____

Number of Teams:_____ Number of Individuals:_____

Number attending 2:00 PM Training Session During Conference Saturday_____

LIST LOCAL PRINT/NEWS/RADIO MEDIA NAME/CONTACT EMAIL FOR PRESS RELEASE:

_____

- **EACH TEAM MUST BRING AT LEAST ONE ADVISOR TO COMPETITION TO JUDGE**
- **IF YOU HAVE MORE THAN ONE TEAM, PLEASE FILL OUT SEPARATE REGISTRATION FORMS-ONE FOR EACH TEAM**
- **INDIVIDUAL COMPETITORS MAY ONLY COMPETE IN ONE TEAM EVENT**

MEMBERS (Indicate Male or Female) LIST EVENT (INDIVIDUAL/TEAM/BOTH)

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SCBA WILL NOT BE PROVIDED-DEPARTMENTS MUST BRING SCBA FOR INDIVIDUAL GEAR DONNING

Mail all registrations and waivers to the SC State Firefighters Association: ATTN: ASHLEY PO Box 211725 Columbia, SC 29210 or fax 803-454-1895