

South Carolina 2009 Paramedic Competition  
Registration Form

**PLEASE TYPE OR PRINT!**

Crew Chief's Name: \_\_\_\_\_ SC Paramedic # \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Shirt Size: \_\_\_\_\_

*(Note: All correspondence regarding competition will be sent to the Crew Chief)*

Crew Member's Name: \_\_\_\_\_ SC Paramedic # \_\_\_\_\_  
Shirt Size: \_\_\_\_\_

EMS Provider's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing 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, February 7, 2009**

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: Friday, January 16<sup>th</sup> at 5:00 pm\*\*\*\*  
**NO EXCEPTIONS!**