

**TECHNICAL RESCUE COMPETITION**

**REGISTRATION FORM**

NAME OF TEAM OR AFFILIATION: \_\_\_\_\_  
TYPE OF REGISTRATION: [ ] TEAM [ ] OBSERVER [ ] PHOTOGRAPHER  
CATEGORY OF COMPETITION: [ ] BASIC [ ] ADVANCED [ ] VERTICAL  
LEVEL OF EMERGENCY CARE CAPABILITY: [ ] BASIC [ ] ADVANCED  
PREFERRED DAY OF COMPETITION: [ ] FRIDAY [ ] SATURDAY

**MAIN POINT OF CONTACT:**

NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

**TEAM MEMBER LIST:**

1. TEAM LEADER: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
2. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
3. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
4. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
5. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
6. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
7. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
8. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
9. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
10. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
11. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
12. NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
FIRST ALTERNATE NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
SECOND ALTERNATE NAME: \_\_\_\_\_ TDH LEVEL: \_\_\_\_\_  
PATIENT NAME: \_\_\_\_\_

**COMMUNICATIONS CAPABILITIES:**

IS YOUR TEAM BRINGING PORTABLE RADIOS? [ ] YES HOW MANY? \_\_\_\_\_ [ ] NO  
COMMAND/COORDINATION RADIO FREQUENCY: \_\_\_\_\_  
MEDICAL CONTROL RADIO FREQUENCY: \_\_\_\_\_

[ ] EARLY TEAM REGISTRATION.....FEE IS \$ 120.00 TOTAL \$ \_\_\_\_\_  
[ ] TEAM REGISTRATION (AFTER 9/30/01).....FEE IS \$ 150.00 TOTAL \$ \_\_\_\_\_  
[ ] OBSERVER/PHOTOGRAPHER (each).....FEE IS \$ 10.00 TOTAL \$ \_\_\_\_\_

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TOTAL FEES AMOUNT \$ \_\_\_\_\_

**Please make checks payable to "TRC/TAEMT"**  
**Please attach a completed WAIVER FORM for each team member and patient.**

**MAIL COMPLETED FORMS TO:** TECHNICAL RESCUE COMPETITION '2002,  
C/O STAN IRWIN, 5650 GRISSOM #1705, SAN ANTONIO, TEXAS 78238