



HUTCHCC SAFETY ACADEMY & KANSAS MINE RESCUE ASSOCIATION

Carla Gustafson
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TEAM REGISTRATION FORM

Company Name: _____

Team Name: _____

Company Address: _____

Contact Name and Title: _____

Phone Number: _____

Fax Number: _____

Field Competition

Team Members:

1. Captain: _____

2. First Aid/Stretcher: _____

3. First Aid/ Stretcher: _____

4. Map Person: _____

5. Tail Captain: _____

6. Fresh Air Base: _____

7. Alternate: _____

8. Alternate: _____

Trainer/Trainers: _____

Official In Charge at Contest: _____

First Aid Competition

First Aid Team:

- (1.) _____
- (2.) _____
- (3.) _____

Emergency Medical Responder First on the Scene (10th Edition)

Technician Team Competition

Technician Team:

- (1.) _____
- (2.) _____

Type of Apparatus

Name: _____

Type of Gas Instrument

Name: _____

TICKET TOTALS

Number of Teams: _____ X \$500 Total: _____

Additional Banquet Tickets: _____ X \$30 Total: _____

TOTAL: _____

Please enclose check or money order to:

HutchCC Safety Academy

1300 N. Plum

Hutchinson, KS 67501

If paying by credit card, call Carla at 620-665-4991.

Please send a team picture and payment with the Registration Form to the above address or if paying by credit card feel free to email to gustafsonc@hutchcc.edu.