

**South Carolina 2012 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:

Upstate

Midlands

Pee Dee

Lowcountry

**REGIONAL COMPETITION CHAMPIONSHIP**  
**WILL BE HELD ON SATURDAY, February 4, 2012**

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 13<sup>th</sup> at 5:00 pm\*\*\*\*

**NO EXCEPTIONS!**

Questions: [dhession@upstateems.com](mailto:dhession@upstateems.com)