



REGISTRATION FORM

2017 NATIONAL MINE RESCUE, FIRST AID, BENCH AND PRESHIFT CONTEST

(PLEASE PRINT OR TYPE THE REQUESTED INFORMATION)

TEAM IDENTIFICATION FOR CONTEST PROGRAM:

COMPANY NAME _____

TEAM NAME _____

CITY AND STATE _____

MSHA DISTRICT _____

**ALL FURTHER COMMUNICATION WITH THIS TEAM REGARDING THE NATIONAL CONTEST SHOULD BE
ADDRESSED TO:**

NAME _____

TITLE _____

STREET ADDRESS _____

CITY-STATE-ZIP CODE _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

Are you a Combination Team? ☐ Yes ☐ No

MINE RESCUE TEAM PERSONNEL:

1) _____ CAPTAIN

2) _____

6) _____ BRIEFING OFFICER

7) _____

PATIENT

- | | |
|----------|------------------------|
| 3) _____ | 8) _____
ALTERNATE |
| 4) _____ | 9) _____
ALTERNATE |
| 5) _____ | 10) _____
ALTERNATE |

RADIO FREQUENCIES:

If using wireless radios please provide the frequencies/channels assigned to your radios:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

FIRST AID TEAM PERSONNEL:

- | | |
|---------------------|---------------------|
| 1) _____
CAPTAIN | 3) _____
PATIENT |
| 2) _____ | |

ADDITIONAL FIRST AID TEAM PERSONNEL:

- | | |
|---------------------|---------------------|
| 1) _____
CAPTAIN | 3) _____
PATIENT |
| 2) _____ | |

BG-4 BENCH PARTICIPANT(S):

- | | |
|-----------------------------------------|-----------------------------------------|
| 1) _____
Tester: RZ25 ____ 6100 ____ | 3) _____
Tester: RZ25 ____ 6100 ____ |
| 2) _____
Tester: RZ25 ____ 6100 ____ | 4) _____
Tester: RZ25 ____ 6100 ____ |

BIO-PACK 240-R BENCH PARTICIPANT(S):

1) _____

2) _____

PRESHIFT PARTICIPANT(S):

1) _____

4) _____

2) _____

5) _____

3) _____

6) _____

AMOUNT ENCLOSED \$ _____

PLEASE SIGN AND DATE THIS FORM:

(SIGNATURE)

TITLE: _____

DATE: _____