

EMS Challenge or First Responder / EMT Basic Competition Registration

For the following information please print clearly:

Team Name: _____

Sponsor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Team Member One

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone Number: _____

Level of Certification: First Responder EMT – Ambulance

Team Member Two

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone Number: _____

Level of Certification: First Responder EMT – Ambulance

Payment of \$45.00 fee for each team must be enclosed. Make payment by check or money order payable to: Arkansas EMT Association.

Mail applications to: AEMTA Fall Festival Competitions
 10 Medical Services Drive
 Morrilton, AR 72110

Please make sure to give full address on all team members.

For additional information contact Ronny Russell at (870) 692-1927.