



TASMANIAN FIRE BRIGADES CHAMPIONSHIPS ASSOCIATION

STATE FIREFIGHTER CHAMPIONSHIPS – INVERMAY PARK, LAUNCESTON

11TH & 12TH NOVEMBER 2017

OFFICIAL ENTRY FORM

BRIGADE: DISTRICT:

CONTACT NAME:

ADDRESS:

..... POSTCODE:

EMAIL: PHONE:

THE FOLLOWING EVENTS ARE IN THE PROPOSED ORDER FOR THE SENIOR AND JUNIOR PROGRAMS.
PLEASE TICK THE EVENTS YOUR TEAM IS ENTERING

SENIOR EVENTS	
<input type="checkbox"/>	Urban Pump Collector
<input type="checkbox"/>	First Aid Reel & Pumper
<input type="checkbox"/>	GP Pumper Relay
<input type="checkbox"/>	Siamese Valve
<input type="checkbox"/>	Hose, Hydrant & Extinguisher
<input type="checkbox"/>	Hose and Hydrant
<input type="checkbox"/>	Wet Hose Marshall
<input type="checkbox"/>	Hose Hydrant & Pumper
<input type="checkbox"/>	Sealed Event
<input type="checkbox"/>	Tanker Rescue

JUNIOR EVENTS	
<input type="checkbox"/>	GP Pumper Relay
<input type="checkbox"/>	Siamese Valve
<input type="checkbox"/>	Hose, Hydrant & Extinguisher
<input type="checkbox"/>	Hose and Hydrant
<input type="checkbox"/>	Wet Hose Marshall
<input type="checkbox"/>	Hose Hydrant & Pumper
<input type="checkbox"/>	Tanker Rescue

IS YOUR BRIGADE CAMPING AT THE 2017 CHAMPIONSHIPS? *Please be aware there are a limited number of showers and toilets available in the Aurora Stadium Northern Grandstand. A portable toilet is available in the camping area.*

- Yes
- No

IS YOUR BRIGADE ATTENDING THE SATURDAY EVENING FUNCTION AT THE 2017 CHAMPIONSHIPS?

- Yes Numbers attending: _____
- No

IS YOUR BRIGADE SETTING UP A MARQUEE AT THE 2017 CHAMPIONSHIPS?

- Yes Marquee size: _____
- No

PLEASE COMPLETE THIS FORM BY FRIDAY 13TH OCTOBER 2017 AND RETURN WITH ENROLMENT FORMS

TO: (no postage stamp required)

Executive Officer Jess Mulcahy
Tasmania Fire Service
Reply Paid 1526
HOBART TAS 7001



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SENIOR ENROLMENT FORM

BRIGADE:

TEAM CAPTAIN NAME:

ELIGIBILITY TO COMPETE

All competitors must be registered Brigade members.

No more than ten (10) competitors on a team.

COMPETITORS NAMES	DOB	ALLERGIES	KNOWN MEDICAL CONDITIONS	CONSENT TO BE PHOTOGRAPHED	NEXT OF KIN CONTACT DETAILS (NAME AND CONTACT NUMBER)
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SIGNED - BRIGADE CHIEF / TEAM CAPTAIN

DISCLAIMER

MEDICAL INFORMATION IS REQUIRED, AND WILL ONLY BE DISCLOSED TO ASSIST IN THE EVENT OF AN EMERGENCY MEDICAL SITUATION

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE OFFICIAL ENTRY FORM

