

Strathcona Trust First Aid Competition – Registration Form

Corps/Squadron Number & Name:	Location:
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Team Members – Junior Team (Emergency First Aid)						
	Rank	Surname	First Name	Gender	F.A. Cert. #	Date of Birth
Team Captain						
Member						
Member						
Member						

Team Members – Senior Team (Standard First Aid)						
	Rank	Surname	First Name	Gender	F.A. Cert. #	Date of Birth
Team Captain						
Member						
Member						
Member						

Accompanying Officer			
Each team must be accompanied by an officer/civilian instructor who will be responsible for the supervision of the team during the entire exercise.			
Rank	Surname	Given Name	Gender

(Signature of Commanding Officer)

(Date)

Cdt #150 (10-01)