

**2004 COMMUNITY SERVICES ADVANCED (OPEN) PATIENT CARE
COMPETITION**

Sunday February 8, 2004

Barrie, Ontario

TEAM REGISTRATION

TEAM NAME _____

TEAM MAILING ADDRESS _____

TEAM CONTACT TEL. _____ FAX _____

EMAIL _____

TEAM MEMBER NAMES (please print)

Course #

1. _____ Current BTS Lev. ____ #. _____

Date enrolled in SJA _____

2. _____ Current BTS Lev. ____ #. _____

Date enrolled in SJA _____

3. _____ Current BTS Lev. ____ #. _____

Date enrolled in SJA _____

4. _____ Current BTS Lev. ____ #. _____

Date enrolled in SJA _____

5. _____ Current BTS Lev. ____ #. _____

(Spare, Optional)

Date enrolled in SJA _____

SIGNATURE: TEAM CAPTAIN

_____ Date _____

Registration deadline January 23, 2004

Send completed application form to the Provincial Training Officer, St. John Ambulance Council for Ontario, 46 Wellesley Street East Toronto Ont. M4Y 1G5, Fax: (416) 923-4856.