

# REGISTRATION INFORMATION

Date: \_\_\_\_\_

Stake: \_\_\_\_\_

Ward: \_\_\_\_\_

Number of people in your group: \_\_\_\_\_

Team Leader Information:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Radio Call Sign: \_\_\_\_\_

How Many in Your Group Have the Following Items or Skills?

Chain Saws: \_\_\_\_\_

Pick Up Truck: \_\_\_\_\_

Carpentry Tools: \_\_\_\_\_

Carpentry Skills: \_\_\_\_\_

Ladders: \_\_\_\_\_

Roofing Skills: \_\_\_\_\_

Are you able to operate and maintain a generator or chainsaw if one issued to you?

Chain Saw: Yes \_\_\_ No \_\_\_

Generator: Yes \_\_\_ No \_\_\_

Other information you feel is pertinent:

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