

North American Vehicle Rescue Association



NAVRA Extrication Team Registration

Full Team entry fee of \$_____ must accompany the Registration by _____

Specify Payment method: _____ Date: _____

Organization Represented	
Liaison Officer	
Contact Telephone Number	
Contact E-Mail Address	
Team Address	
Team Members	
Preferred Hydraulic Equipment Please Specify	

To be completed by the Team Manager:

On behalf of the : _____ Extrication Team

I confirm that we have read and understood the rules governing the Challenge and undertake to abide by the requirements set.

Name:	Signed:
Position:	Date:
Organization:	