Base Application

Base Name ....

Base Team Leader ....

Address ....

Phone ....

E-mail Address ....

Name	Group	1st Aid Qualifications	Member #

Base Day: _____   Allocated Time: _____ Min – 30 mins, Max – 45 mins

We may need to run a different set of bases each day depending on the number of team registrations. (Day 2 bases being shorter)

Base Outline:

_____
_____
_____
_____
_____
_____
_____

Equipment:

_____
_____
_____

Special requirements for Base (i.e. flat ground, hilly area)

_____
_____
_____

Additional Information

_____
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