

SCAMPS Linemen Training Session

April 26, 2016 (repeated on April 27) 8:30 a.m.

Pine Island Club on Lake Murray

Name of Utility _____

Attendee #1

Name (first and last) _____

Title _____

I will attend training on April 26 or April 27 (choose only one)

I will participate in the following individual training competition(s)

Pole Climbing Hurtman Rescue Knot Tying Fuse Replacement Underground Elbow Termination

I will participate in the crossarm changeout team competition

(Note: Teams consists of three members. List your two additional team members below.)

Name _____ Name _____

I would like to be a judge for the competitions.

Attendee #2

Name (first and last) _____

Title _____

I will attend training on April 26 or April 27 (choose only one)

I will participate in the following individual training competition(s)

Pole Climbing Hurtman Rescue Knot Tying Fuse Replacement Underground Elbow Termination

I will participate in the crossarm changeout team competition

(Note: Teams consists of three members. List your two additional team members below.)

Name _____ Name _____

I would like to be a judge for the competitions.

Attendee #3

Name (first and last) _____

Title _____

I will attend training on April 26 or April 27 (choose only one)

I will participate in the following individual training competition(s)

Pole Climbing Hurtman Rescue Knot Tying Fuse Replacement Underground Elbow Termination

I will participate in the crossarm changeout team competition

(Note: Teams consists of three members. List your two additional team members below.)

Name _____ Name _____

I would like to be a judge for the competitions.

Attendee #4

Name (first and last) _____

Title _____

I will attend training on April 26 or April 27 (choose only one)

I will participate in the following individual training competition(s)

Pole Climbing Hurtman Rescue Knot Tying Fuse Replacement Underground Elbow Termination

I will participate in the crossarm changeout team competition

(Note: Teams consists of three members. List your two additional team members below.)

Name _____ Name _____

I would like to be a judge for the competitions.

Attendee #5

Name (first and last) _____

Title _____

I will attend training on April 26 or April 27 (choose only one)

I will participate in the following individual training competition(s)

Pole Climbing Hurtman Rescue Knot Tying Fuse Replacement Underground Elbow Termination

I will participate in the crossarm changeout team competition

(Note: Teams consists of three members. List your two additional team members below.)

Name _____ Name _____

I would like to be a judge for the competitions.

Copy this form for additional attendees

Payment Information

_____ # attendees @ \$85 each = \$_____ (Total Payment)

Payment Method

Check

If paying by check, make check payable to SC Association of Municipal Power Systems. Mail payment and registration form to PO Box 12220, Columbia, SC 29211.

VISA or MasterCard

Register online at www.masc.sc. Click on "Member Login" in the top right-hand corner.

For registration questions, contact Elizabeth Copeland at 803.933.1257 or ecopeland@masc.sc.

Registration deadline is Friday, April 14.

No refunds given after this date.