



# Nominees for the SC EMS Memorial Bike Ride

Please submit completed form along with any additional information & pictures to the SC EMS Memorial Bike Ride email account at [scemsbikeridecycling@gmail.com](mailto:scemsbikeridecycling@gmail.com).

NAME of Nominees: \_\_\_\_\_

Agency currently working or retired from: \_\_\_\_\_

Certification number (SC#): \_\_\_\_\_

Years certified: \_\_\_\_\_

Year of Death: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Name of a willing representative to be a point of contact for family and friends:

\_\_\_\_\_

Contact information for point of contact:

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Bio of the Nominee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send a photo that can be used for social media and during the ride.



SC EMS Association