

Fire & Rescue New South Wales Firefighter Championships Association



INVITATION & NOMINATION

Region North 2 Firefighter Championship

Location: Crawford Square, Light Street and Walker Street, Casino

Dates: Saturday 25th and Sunday 26th October, 2025

An invitation is extended to you and your Brigade to attend the RN2 Championship to be hosted by Casino Fire Brigade.

NOMINATION: A nomination form is enclosed for you as an **Individual** or as a **Team** for members wishing to attend this Championship. If you wish to attend as an individual, you will be matched with others to make a composite team for competition.

Individuals and Teams will have Breakfast, Lunch and Dinner (Sat Night Function) provided, but you will be responsible for all other costs including travel, accommodation and meals. Attendance is voluntary and unpaid.

Please return the nomination form by **17th October 2025**

By completing the nomination attached, you are committing to attend the Championships. It is accepted that circumstances may change due to availability of members; but we do ask you make every endeavor to attend once accepted.

If your team has any issues with attendance or acceptance, please contact the FCA Secretary to discuss the matter for a speedy resolution.

Please return Nomination to:

Dave Hitchcock
4 Beachside Ct
Sapphire Beach NSW 2450

Mob: 0401 979 609 Email: nswfcasec@gmail.com

Accommodation: Brigades are requested to arrange their own accommodation.

Registrations: Registrations will commence Friday, 24th October
at Charcoal Inn 68 Centre St Casino
from 1800 hours

Breakfast: Breakfast, lunches, tea, coffee and water will be available on the ground
throughout the weekend.
(Breakfast available from 0630 hours on Saturday and Sunday)

Saturday Night: The Saturday evening function will be held at
Casino RSM 162 Canterbury St Casino
1830 for 1900 hours
Dress: Smart Casual (No Uniform)

Event Schedule: Details of all activities are enclosed in the Event Schedule



Nomination Form Casino 25-26 October 2025

Brigade Name: _____ **No.:** _____

Your Contact Officer Details:

Name:	Rank:
Phone :	Facsimile : Mobile :
Postal Address:	Email:

Team Details:

Please complete the table below. If you are making a composite team from another station/s, please provide station name in brackets after the team member's name.

	Name	Service No.	Attending Saturday Function Y/N	Partner/Child attending Saturday Night Function	Dietary Requirements	Ladder Runner nominee ****
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Partners & Visitors may also attend the Saturday Night Function for \$60 per head, children (under 14) at a reduced rate

**All brigades must be financial members of the FCA and can be paid at the Championship.
Annual Membership is \$10 / team or \$5 individual.**

As part of the sponsorship at Championships, Teams are eligible to claim a reimbursement of travel and accommodation costs. By providing a receipt for fuel and accommodation, the FCA will reimburse Teams up to \$750 for this Championship.