

1 X 1 CALL SIGN REQUEST _____

COORDINATOR WCARS/VEC

BEGINNING DATE _____

ENDING DATE _____

NAME OF EVENT _____

REQUESTOR NAME _____

REQUESTOR CALL SIGN _____

REQUESTOR CURRENT MAILING ADDRESS _____

REQUESTOR CITY _____

REQUESTOR STATE _____

REQUESTOR ZIP CODE _____

REQUESTOR E-MAIL ADDRESS _____

REQUESTOR DAYTIME PHONE _____

SUBMIT REQUEST TO

Ralph Roberts
W5VE
WCARS VEC 1X1 Coordinator
1X1 CALL SIGN REQUEST
828-676-9835
828-255-8719 (fax)
ralph@w5ve.com