

RESET
FORM

SONOMA MOUNTAIN REPEATER SOCIETY
COMMUNITY SERVICE ACTIVITY

SUBMIT
FORM

PARTICIPATION APPLICATION

ACTIVITY

EVENT DATE SCHEDULED

PARTICIPANT

NAME CALL
MAIL ADDRESS
CITY ZIP
DAY PHONE NIGHT PHONE
E-MAIL T-SHIRT SIZE

VEHICLE

AUTOMOBILE: 2 DOOR 4 DOOR
PICKUP: 2 WD 4 WD
MOTORCYCLE ATV OTHER
MAKE COLOR LICENSE #
INSURANCE IS CURRENT ?

COMMUNICATIONS

RADIOS: PORTABLE VHF UHF OTHER
MOBILES VHF UHF OTHER
SCANNER YES NO
GPS YES NO
APRS YES NO TX RX
FRS YES NO

OTHER ITEMS

FIRST AID TRAINING YES FIRST AID KIT
FIRE EXTINGUISHER YES NO FLASH LIGHT
PEN PENCIL CLIPBOARD

CAMP OUT PARTICIPATION

WILL YOU CAMP OUT ON:
SATURDAY NIGHT? YES NO POT LUCK?

SUBMIT QUESTIONS OR COMMENTS: KE6LPO@ARRL.NET

SMRS 2/8/09 v 1.0

ADDITIONAL INFORMATION: