

GALAPAGOS HC8/HD8 DIPLOMA APPLICATION FORM

CALLSIGN_____

NAME_____

ADR_____

CITY_____ STATE_____

ZIP CODE_____

COUNTRY_____

E-MAIL_____

HC8/HD8 QSO's

1. HC8_____ DATE_____ BAND_____ MODE_____

2. HC8_____ DATE_____ BAND_____ MODE_____

3. HC8_____ DATE_____ BAND_____ MODE_____

4. HC8_____ DATE_____ BAND_____ MODE_____

5. HC8_____ DATE_____ BAND_____ MODE_____

6. HC8_____ DATE_____ BAND_____ MODE_____

7. HC8_____ DATE_____ BAND_____ MODE_____

8. HD8_____ DATE_____ BAND_____ MODE_____

ENDORSEMENTS REQUESTED_____

Mail application to:

Dr. Rick Dorsch, NE8Z/HC1MD
P.O. Box 616
Hamburg, MI 48139-0616 USA