

Application for 10-10 Counties Award

Date: _____ Basic Award: # _____ Up Grade to: _____ # _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Country: _____

Call: _____ 10-10 #: _____ Expiration: _____

Ex-Calls (optional): _____ E-Mail Address (optional): _____

****NOTE:** Each Counties application must contain exactly 100 contacts. List each contact on a separate line and alphabetically by state and then by county. QSL confirmation is **NOT** required.

Have you included a copy of your Membership Card, \$2.00 US & \$3.00 DX for Basic, SASE US & \$1.00 DX for upgrades Thank you for your participation in the 10-10 Award Program.

Mail To:

**COUNTIES AWARD MANAGER
Brad Kimble - KØDBK #55192
3855 66th Street,
Iver Grove Heights, MN 55076-2222**

E-mail k0dbk@comcast.net

Effective - January 1, 2000

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10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
1					
2					
3					
4					
5					
6					
7					
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9					
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23					
24					
25					

10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
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10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
51					
52					
53					
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74					
75					

10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
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99					
100					

Just in Case

County #	Call Sign	Ten-Ten #	Name	County	Date
Spare					
Spare					