

WASC Application Form

Name: _____ Call: _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

List any Ex-Calls: _____

Certificate Application

(Check all that apply)

- SSB
- CW
- Mixed
- Single Band _____ M
- Other _____

I certify that to the best of my knowledge that all information submitted for the WASC Award is correct. I also understand that the WASC Manager reserves the right to check any QSO 's for validity from the station claimed for credit.

Signed: _____

Call: _____

US-CA ALL COUNTY #: _____

Date: _____

We attest that the above station claiming credit for the WASC Award does have in his possession, proof of 2-way contact in the form of QSL with all 46 South Carolina Counties.

Name: _____ Call: _____

Name: _____ Call: _____

Mail application to:
Dave Hyatt, KU4YM
116 Old Course Rd.
Summerville, SC 29485-6208