



GASTON COUNTY A.R.E.S. A.R.R.L. RADIOGRAM VIA AMATEUR RADIO



NUMBER	PRECEDENCE ROUTINE	HX	STATION OF ORIGIN	CHECK 19	PLACE OF ORIGIN	TIME FILED	DATE
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TO: _____ RECEIVED AT: STATION _____ PHONE _____
 NAME _____
 TELEPHONE NUMBER: _____ ADDRESS _____

NET	REPORT	(MONTH)	(DATE)	X
(NUMBER)	CHECK-INS	X	(NUMBER)	MESSAGES
LISTED	X	(NUMBER)	MESSAGES	PASSED
X	DURATION	(NUMBER)	MINUTES	BLANK
BLANK	BLANK	BLANK	BLANK	BLANK

RECEIVED FROM:	DATE	TIME	SENT TO:	DATE	TIME
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