

Lehigh County RACES Application Form

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____ Cell #: _____

County: _____ License Class: _____

	160	80	40	20	15	17	12	10	6	2	220	440
CW												
FM												
SSB												
Mobile												

ICS course(s): ICS 100 ICS 700 (Check all that apply)

Can your home operate without commercial power? yes no
 If yes, what bands? _____

Signed: _____ Date: _____

MAIL TO:

