SCHOOL CLUB ROUNDUP   Year: 20_____   Month: February ; October

Instructions: **Print or type** all information required below. Send this *SUMMARY REPORT FORM* along with your *LOG, DUPLICATE CHECK SHEETS* (and/or disk), soapbox comments and photographs to SCR, c/o LIMARC PO Box 392, Levittown, NY 11756, USA. (If you send a disk, please indicate the filename, format, etc., anything that will help us to access the data. SCR-LOG and our new SCR Cabrillo files are preferred). Email attachments to SCR@limarc.org.

Callsign Used: _____

Entry Class: _____ (School, Club, Individual).

Type of School: _____
(Elementary/Primary, Middle/Intermediate/Junior High, Senior High, College/University).

Chief control operator, trustee or faculty advisor information:

Name _____

Address _____

_____

_____

Night telephone: _____ - _____ - _____

E-mail: _____

Other: _____

School/Club information:

Club Name: _____

School Name: _____

School Address: _____

_____

_____

Day phone number: _____ - _____ - _____

Fax number: _____ - _____ - _____

E-mail: _____

Other: _____

Send certificate to: "Chief Operator" ; School

Number of operators; _____ **Number of hours of operation** _____ (Maximum = 24)

Finding your QSO point total:			
MODE	# of QSO's	Multiply by	QSO Points
Phone		1	
CW		2	
RTTY		2	
Packet		2	
PSK		2	
Other (specify)		2	
Other (specify)		2	
Totals (sum)			

Finding your Multiplier		
Number of U.S.A. States worked:		
Number of Canadian Provinces/Territories worked:		
Number of DXCC Countries/entities worked (*excluding Canada, U.S.A., AK, and HI):		
Number of Clubs worked:	x2	
Number of Schools worked:	x5	
Multiplier =[States+Prov.+Terr.+DXCC+2xClubs+5xSchools]		

Final Score: QSO Points _____ x Multiplier _____ = Total Score _____

This certifies that the station whose callsign appears above was operated in accordance with the current School Club Roundup rules and that, to the best of my knowledge, the points and score in the summary above are correct and true. This station was operated in accordance with FCC (or appropriate national authority) rules and regulations. I (we) agree to be bound by any decision of CAAR/NYCS contest committee.

Callsign: _____ E-mail address: _____

Title: _____ Class of License: _____ Date: _____

Signature: _____, Printed name _____

Date Rcvd	Log	Dupe Lists	Disk	Disk format	Mailing Label	Postage/IRCs	Photos	Comments	Checker

SCHOOL CLUB ROUNDUP LOG – YEAR: 20_____ February__ October__ GROUP NAME _____

Only one callsign may be used by a group during the event. All times should be in **UTC**. Operator Name/Callsign_____

Exchange Sent: Callsign _____ Class _____ State/Province/DX Country _____

	Date Time	Freq Band	Mode	RST Sent	Callsign	RST Rcvd	Class	State / Province DX Country	QSO Points	Multiplier
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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