NEW ZEALAND SKN SUMMARY SHEET

Please send, with your log, within 7 days of the event, by email to the SKN manager.

Photos are appreciated too!

Callsign _____

Name _____

Email _____

Date of birth (optional) _____
(This may be used for the Youngest Operator and Senior Operator certificates.)

Key _____ Transmitter _____

Antenna _____ Power _____

My nomination for Best Fist Award _____

Other comments _____

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