



2010 AMA National Championships
AMA International Aeromodeling Center, Muncie, IN
July 5, 2010 – August 11, 2010

AMA HQ USE
 Type _____
 Amount _____
 Date _____
 Entered by _____

Mechanic Information
 Date of Birth _____ AMA # _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Tel _____
 E-Mail _____

Mechanic: A participant in competition as a non-flying helper must be registered as a mechanic.
 Only contestants and mechanics will be permitted beyond the spectator area.
 A registered contestant is automatically a mechanic.
 Mechanics are not required in Free Flight, Soaring or Electric events.

Mechanic for: _____
 (*competitor's name*)

Category: Control Line RC Aerobatics
 (*circle one*) Pylon Scale

Specific event(s)(if known)

Mechanic Fee:
 Mechanic Entry Fee **\$10.00**
 Check VISA/Master Card
 Card No. _____
 - - - - - Ex / - -
 Signature _____

 (mechanic's signature)

In case of Emergency please contact:
 Name _____ Day Phone _____ Relationship _____
 Address _____ City _____ State _____ Zip _____

Send completed form to AMA Headquarters, 5161 E Memorial Dr., Muncie IN 47302 Attn: Events Dept V 11.04.08



2008 AMA National Championships
AMA International Aeromodeling Center, Muncie, IN
July 7, 2008 – August 10, 2008

<i>AMA HQ USE</i>	
Type _____	_____
Amount _____	_____
Date _____	_____
Entered by _____	_____

Volunteer Information

Date of Birth _____ AMA # _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Tel _____
 E-Mail _____

I would like to volunteer for the following event(s):

- | | |
|---|--|
| <input type="checkbox"/> AMA Manpower | <input type="checkbox"/> RC Electric |
| <input type="checkbox"/> Indoor Free Flight | <input type="checkbox"/> Pylon |
| <input type="checkbox"/> Scale Aerobatics | <input type="checkbox"/> CL Aerobatics |
| <input type="checkbox"/> Control Line General | <input type="checkbox"/> Outdoor Free Flight |
| <input type="checkbox"/> Pattern | <input type="checkbox"/> Scale |
| <input type="checkbox"/> RC Combat | <input type="checkbox"/> Helicopter |
| <input type="checkbox"/> Soaring | |

Specific events (if known) _____

Date(s) Available _____

Note: *Volunteers' names will be given to the appropriate Special Interest Group. No AMA membership credit will be given. Any compensation, if offered, is the responsibility of that Special Interest Group.*

In case of Emergency please contact:

Name _____ Day Phone _____ Relationship _____
 Address _____ City _____ State _____ Zip _____

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v. 08.17.07