



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

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

<b><u>Volunteer Information</u></b>	
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              |  |

**Event Director Signature** \_\_\_\_\_

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 \_\_\_\_\_

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

v. 11.04.08