

Academy of Model Aeronautics

An Affiliate of the National Aeronautic Association of the U.S.A.

5161 East Memorial Drive
Muncie, Indiana 47302
(765) 287-1256 – Business
(765) 286-3303 – Fax



CONTEST DIRECTOR'S REPORT (Form 10)

This report is to record your CD efforts. It must be returned to Headquarters within seven (7) days of the event. Be certain to complete all sections, place your signature at the bottom, and include all monies collected for AMA memberships and FAI fees. Names and addresses of new or renewed memberships must be provided on the reverse side of this form. Attach all individual event reports (Form 11) to this form. PLEASE DO NOT SEND CASH.

Name of Your Event _____ Sanction No. _____

City and State (where held) _____ Date _____ No. of Participants _____

<p style="text-align: center;">CLASS OF EVENT</p> <p>Circle A AA AAA AAAA C C-Restricted D B (restricted) AMA Record Trial FAI Record Trial Team Selection</p> <p>Circle type of events held: Outdoor FF Indoor FF Control Line Pattern Pylon Soaring Electric Scale Helicopter Park Flyer Scale Aerobatics</p>	<p style="text-align: center;">EARNED MEMBERSHIP CREDIT</p> <p>Other Contest Directors who assisted you in your event may receive a 50% membership credit. Please provide their names and AMA numbers below. (Note: Limited to one additional CD for AA and two for AAA or AAAA events.)</p> <p>1. Name _____ AMA No. _____</p> <p>2. Name _____ AMA No. _____</p> <p>(Note: Only licensed CDs may receive credit.)</p>
<p style="text-align: center;">AMA MEMBERSHIP FEES COLLECTED (Names and addresses on other side)</p> <p>No. of Youth _____ @ \$1.00 \$ _____ _____ @ \$15.00 \$ _____</p> <p>No. of Open _____ @ \$30.00 \$ _____ _____ @ \$58.00 \$ _____</p> <p>No. of Senior Citizens (age 65 or older by July 1 of the current year) _____ @ \$48.00 \$ _____</p> <p>No. of Affiliates (Other Than Canadians) _____ @ \$28.00 \$ _____</p> <p>No. of Park Pilot Program _____ @ \$29.95 \$ _____</p> <p>TOTAL \$ _____</p>	<p>Record Application <input type="checkbox"/> is enclosed (if applicable) <input type="checkbox"/> will be forwarded</p> <hr/> <p style="text-align: center;">FAI FEES COLLECTED</p> <p>Program Entries \$ _____</p> <p>Make check payable to AMA</p> <hr/> <p>Total amount included with this report</p> <p style="text-align: center;">\$ _____</p>

All Applicants Must Complete and Sign an Individual Application

As the primary CD for this event, I hereby certify that it was conducted in accordance with AMA regulations and Safety Code requirements. Additionally, I certify that proof of AMA membership by participants in the form of a current, valid membership card or paid receipt was required as part of the event processing.

Signature _____ AMA No. _____ Date _____

Print Name _____

Address _____ City _____ State _____ Zip _____

AMA Memberships Received

1. Name _____
Address _____
City, State, Zip _____
Amount Received \$ _____
(circle one)
Youth Open Affiliate Senior Citizen Park Pilot

2. Name _____
Address _____
City, State, Zip _____
Amount Received \$ _____
(circle one)
Youth Open Affiliate Senior Citizen Park Pilot

3. Name _____
Address _____
City, State, Zip _____
Amount Received \$ _____
(circle one)
Youth Open Affiliate Senior Citizen Park Pilot

4. Name _____
Address _____
City, State, Zip _____
Amount Received \$ _____
(circle one)
Youth Open Affiliate Senior Citizen Park Pilot

Disqualification Issues

Name of Person Disqualified: _____ AMA #: _____

Reason for Disqualification: _____

Action Taken by CD: _____

CD's Comments Regarding Event
