

Academy of Model Aeronautics

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EVENT MANAGER REPORT FORM 10C

This report is to record your Event Management efforts. Please return to AMA Headquarters within thirty (30) days of the event via fax, email or US mail. Be certain to complete all sections, place your signature at the bottom, and include any monies and enrollment forms collected for AMA membership. (Names and addresses of new or renewed memberships must also be provided on this form. PLEASE DO NOT SEND CASH

Name of Your Event _____ **Sanction No** _____

City and State _____ **Date** _____ **No. of Participants** _____

FEES COLLECTED	
AMA Membership Fees collected	\$ _____
Total enclosed with this report	\$ _____
Please make check payable to AMA	

As the Event Manager 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 _____

Comments Regarding Event
