Indoor FF Three-View Request Form

Name_________________________________________ AMA # ___________________

Record Information:
Name of Record Holder: ______________________________________________________
Event # _________ Cat. of Rec. ___________ Date Record Set ______________________
Place Record Was Set _______________________________________________________

Additional Records:
1. Name of Record Holder: _________________________________________________
   Event # _________ Cat. of Rec. ___________ Date Record Set ______________________
   Place Record Was Set ______________________________________________________

2. Name of Record Holder: _________________________________________________
   Event # _________ Cat. of Rec. ___________ Date Record Set ______________________
   Place Record Was Set ______________________________________________________

3. Name of Record Holder: _________________________________________________
   Event # _________ Cat. of Rec. ___________ Date Record Set ______________________
   Place Record Was Set ______________________________________________________

Payment Method
Cash / Check
Visa / MC _____________________________________________ Exp. ______________
Amount ___________________

Remit to:
Academy of Model Aeronautics
5161 East Memorial Drive
Muncie IN 47302
Attn: Competition Dept

Cost: $10 for first three-view sketch, $5 for each additional sketch, $2 for an additional copy of sketch request above. Additional charges may apply