

Application for 10-10 Counties Award

Date: _____ Basic Award: # _____ Upgrade to: _____ # _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Country: _____

Call: _____ 10-10 #: _____ Expiration: _____

Ex-Calls (optional): _____ E-Mail Address (optional): _____

****NOTE:** Each Counties application must contain exactly 100 contacts. List each contact on a separate line and alphabetically by state and then by county. QSL confirmation is **NOT** required.

Mail To:

**COUNTIES AWARD MANAGER
Mark Murphy KC4HIT 57448
PO Box 936,
Conover, NC 28613**

E-mail kc4hit@gmail.com

Effective - August 1, 2023

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10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
1					
2					
3					
4					
5					
6					
7					
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10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
26					
27					
28					
29					
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31					
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10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
51					
52					
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10-10 Counties Awards Claim Worksheet

County #	Call Sign	Ten-Ten #	Name	County	Date
76					
77					
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100					

Just in Case

County #	Call Sign	Ten-Ten #	Name	County	Date
Spare					
Spare					