

## FY 12 Activity Registration Form Collins Amateur Radio Club

Participant Name: \_\_\_\_\_

Call sign: (not required for membership) \_\_\_\_\_

Internal mail station: (if RC employee) \_\_\_\_\_

Email address (for newsletter): \_\_\_\_\_

Alternate Email address. \_\_\_\_\_

Mailing address: \_\_\_\_\_

I am a Collins Collectors Association (CCA) member. \_\_\_\_ (Y/N)

I am an ARRL member. \_\_\_\_ (Y/N)

I am retired from Rockwell Collins. \_\_\_\_ (Y/N) and request onsite Retiree Access\*. \_\_\_\_ (Y/N)

I am a new Rockwell Collins employee. \_\_\_\_ (Y/N)

My RCI phone extension number is: \_\_\_\_\_

My home phone number is: \_\_\_\_\_

Special area of interest in Amateur Radio: \_\_\_\_\_

Active on the following modes/bands: \_\_\_\_\_

I'm possibly interested in helping the club with the following (circle all that apply):

**Meeting presentation    Special Op Events    K-12    Community Service Events**  
**Antenna Parties    Shack Setup    Rig Troubleshooting & Repair    Elmering**  
**B-29 Radio Project**

\* For retiree access, please submit a facility access request if not already in the files.

Participation Fee: \$10.00 cash/check

**Make checks payable to: Collins Amateur Radio Club**

**Mail to: Rockwell Collins, c/o David Cripe, MS 108-102**

**400 Collins Road NE**

**Cedar Rapids, Iowa 52498**

### RELEASE

I understand the above named activity is sponsored for recreational purposes only. I also understand the nature of the activity including its possible risks and voluntarily register for participation.

I hereby release Rockwell-Collins, Inc. from any claims, demands or damages because of injury or death, other than customary and reasonable medical expenses under the existing company medical plan, resulting in any way from participation in this activity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Total amount received: \_\_\_\_\_ Cash / Check    Check No. \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_