GASTON COUNTY A.R.E.S.
A.R.R.L. RADIOGRAM
VIA AMATEUR RADIO

NUMBER	PRECEDENCE	HX	STATION OF ORIGIN	CHECK	PLACE OF ORIGIN	TIME FILED	DATE

TO:

RECEIVED AT:
STATION_____ PHONE_____

NAME _____

TELEPHONE NUMBER:_____

ADDRESS_____

REC'D FROM	DATE	TIME	SENT TO	DATE	TIME