

**Name of Certificate/Award:**

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Callsign:</b>

	DATE	STATION WORKED	QSO # GIVEN	QSO # REC'D	RST GIVEN	RST REC'D	ARRL SECTION/VE PROVINCE OR COUNTRY	BAND	TIME
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									

Please mail completed form to the correct person. Addresses are on the YLRL Certificate page.

