



# Award Application



ÖSTERREICHISCHER VERSUCHSENDEVERBAND (ÖVSV)

Award application of \_\_\_\_\_

New application – Endorsements \_\_\_\_\_

Previously issued award \_\_\_\_\_ No. \_\_\_\_

Award Manager: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please accept my application and send the award to:

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

Call: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Enclosed \_\_\_\_\_ € or \_\_\_\_\_ \$

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

Following QSLs checked by : Sign \_\_\_\_\_ Call \_\_\_\_\_ Sign \_\_\_\_\_ Call \_\_\_\_\_

NO.	CALL	DATE	MODE	BAND	REMARKS
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31					

\* Remarks like continent, country, district, county, QTH, OP-name, zip-code, points, report received, send etc.- Over!

\_\_\_\_\_  
(Signature)

