

# FISTS CW Club Checksheet for WAS Award

STATE	CALL	NAME	BAND	FISTS#	DATE
ALABAMA					
ALASKA					
ARIZONA					
ARKANSAS					
CALIFORNIA					
COLORADO					
CONNECTICUT					
DELAWARE					
FLORIDA					
GEORGIA					
HAWAII					
IDAHO					
ILLINOIS					
INDIANA					
IOWA					
KANSAS					
KENTUCKY					
LOUISIANA					
MAINE					
MARYLAND (D.C.)					
MASSACHUSETTS					
MICHIGAN					
MINNESOTA					
MISSISSIPPI					
MISSOURI					
MONTANA					
NEBRASKA					
NEVADA					
NEW HAMPSHIRE					
NEW JERSEY					

STATE	CALL	NAME	BAND	FISTS#	DATE
NEW MEXICO					
NEW YORK					
NORTH CAROLINA					
NORTH DAKOTA					
OHIO					
OKLAHOMA					
OREGON					
PENNSYLVANIA					
RHODE ISLAND					
SOUTH CAROLINA					
SOUTH DAKOTA					
TENNESSEE					
TEXAS					
UTAH					
VERMONT					
VIRGINIA					
WASHINGTON					
WEST VIRGINIA					
WISCONSIN					
WYOMING					

Date Submitted \_\_\_\_\_ Your Fists # \_\_\_\_\_  
Name/Call \_\_\_\_\_  
Your E-Mail Address \_\_\_\_\_  
Comments \_\_\_\_\_

Mail Certificate To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was ALL Contacts? QRO \_\_\_\_\_ or QRP \_\_\_\_\_  
QRP = 5W or less, QRO = over 5W

I hereby apply for the FISTS WAS Address Award. By signing below, I certify that these are legitimate 2-way CW QSO's with FISTS members made in accordance to the rules and regulations of the FISTS WAS award.

Signature \_\_\_\_\_