

Monthly Section Emergency Coordinator Report to ARRL Headquarters

ARRL Section: _____	Month: _____	Year _____
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AMATEUR RADIO EMERGENCY SERVICE

Total number of ARES members: _____ Change since last month: _____ (+, -, or same)

of DECs/ECs reporting this month: _____ # of ARES nets active: _____ # with NTS liaison: _____

Calls of DECs/ECs reporting: _____

Number of drills, tests and training sessions this month: _____ Person hours _____

Number of public service events this month: _____ Person hours _____

Number of emergency operations this month: _____ Person hours _____

Total number of ARES operations this month: _____ Total Person hours _____

Comments:

Signature: _____ Call sign: _____
Please send to ARRL HQ, 225 Main St., Newington, CT 06111 by 10th of the month FSD-96 (1-04)