

ARECC Hybrid Class Registration Roster

Instructions: Complete the Student Roster below and collect the course fees. Please complete the remittance summary at the end of page 2 of the roster. Money orders and checks should be payable to ARRL. Send the fees and completed roster (both pages) to: ARRL, ATTN: Continuing Education Program, 225 Main Street, Newington, CT 06111.

An email receipt will be sent to you to confirm receipt and scheduling of your class.

Important Notes:

- All students must hold an Amateur Radio License.
- Mentors must have completed the "Mentor Familiarization Packet" and be registered as an ARECC Mentor before the class begins.
- To assure timely processing, please make sure this roster and all checks arrive at ARRL at least 2 weeks before the start date for your class.
- Forms not completely filled out may not be processed.
- Hybrid classes welcome both ARRL members (\$45.00) and non-members (\$75.00)

Student Roster

Please use additional sheets if necessary.

1) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

2) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

3) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

4) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

5) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

6) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

7) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

8) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

9) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

10) Student Name _____ Call sign _____

Email address _____ Phone Number _____

Address _____ City _____ State ____ Zip _____

(Please Print)

1. Hybrid class: (*please circle one*) Level 1 Level 2 Level 3

2. Course start date _____ Course end date _____

3. Mentor/Instructor _____ Call sign _____

ARRL Membership # _____

Email address _____ Phone _____

4. Total number of students on this roster _____

ARRL member students \$45.00 X \$ _____ = \$ _____

Non-member students \$75.00 X \$ _____ = \$ _____

TO ENSURE TIMELY PROCESSING, THIS FORM MUST ARRIVE AT ARRL 2 WEEKS BEFORE THE CLASS START DATE!