

20_____ CQ-WE Location Summary Sheet

This form is to be completed by the local coordinator and sent with all the participant entries, postmarked by December 31, to the national coordinator of the CQ-WE contest.

Location Name: _____ Location Code: _____

Coordinator: _____ Day Phone: _____

Address: _____ Eve Phone: _____

Email Address: _____

Enter the participant's scores in order of the highest to lowest. Enter all stations that turned in an entry.

CALL	Check if Retired	CW Total HF + VHF	PHONE Total HF + VHF	Digital Total HF + VHF	TOTAL SCORE	Check If QRP
XXXXXXXX XXXXXXXX	XXXX XXXX	XXXXXXXXXX XXXXXXXXXX	XXXXXXXXXX XXXXXXXXXX	Top 10 Total -- ----->		XXXX XXXX

