



RADIO RELAY INTERNATIONAL MENTORSHIP PROGRAM

STUDENT APPLICATION

Name: _____ Call: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Modes for which training is requested: CW _____ SSB: _____ DTN: _____ Other: _____

Any nets on which currently active (net name, frequency, days, times in local and UTC):

Net 1: _____

Net 2: _____

Net 3: _____

Net 4: _____

EMCOMM group with which registered: _____

RRI Registered Radio Operator: Yes: _____ No: _____

Additional Background: _____

Mail to:

Radio Relay International
C/O Emergency Preparedness Services, LLC
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Niles, MI. 49120
kate.hutton@radio-relay.org