

NTS Radiogram

Via Amateur Radio

Number	Precedence	HX	Station Of Origin	Check	Place Of Origin	Time Filed	Date

Name of Addressee _____

Address _____

City, State, Zip Code _____

Telephone _____

_____	_____	_____	_____	_____	_____
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Signature _____

RCVD Fm: _____ **Date:** _____ **Time:** _____ **Freq:** _____

SENT To: _____ **Date:** _____ **Time:** _____ **Freq:** _____

DLVD To: _____ **Date:** _____ **Time:** _____

Tel: _____