



ACADEMY OF MODEL AERONAUTICS

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2014 F2C TEAM SELECTION PROGRAM ENTRY FORM

This form is for individual entry in the 2014F2C Team Selection Program.

Name: _____ AMA # _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Eve Phone: _____

E-mail address: _____

Signature: _____

Please fill out and send with \$20 to
Academy of Model Aeronautics
Competition Department
5161 East Memorial Drive
Muncie, In 47302

Credit Card Number: _____
(Visa or MasterCard)

Expiration Date: _____

Check # _____