

CONTEST NUMBER REQUEST

To facilitate the assignment and registration of contest numbers, please complete this application form and return it to SSA, P.O. Box 2100, Hobbs, NM 88241-2100. A \$25.00 processing and registration fee must accompany this application.

Please **DO NOT** apply any requested contest numbers to your sailplane until you have received written notification that a number has been assigned to you.

My preferences for a two or three digit contest number are as follows:

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

Make and model of sailplane _____

FAA Registration number _____

Sailplane owner – Name _____

Address _____

City, State, Zip _____

SSA ID number: _____ Telephone _____

Email Address: _____

I hereby request assignment of an SSA contest number. I agree to use this contest number in SSA sanctioned contests. In addition, I understand that I must be a current SSA member and any lapse in membership could result in the reassignment of this contest number.

Signature

Credit card # _____ Exp. Date: _____

SSA OFFICE USE

Contest ID number assigned _____ Acknowledged _____

Payment enclosed _____ Date received _____