

FAC KANONE REPORT

FAC CLUB NAME _____

CONTEST DATE ___/___/___

CONTEST DIRECTOR _____

Email address _____

SQUADRON # _____

PLEASE LIST THE TOP 4 OF EACH EVENT.

You may indicate the total number of flyers in each event if you wish.

EVENT	CONTESTANT'S FULL NAME	MODEL	TOTAL FLIGHT SECONDS OR BEST FLIGHT TIMES or HEAT ROUNDS for ML EVENTS			SCALE FLT. FACTORED	BONUS POINTS	SCALE POINTS	TOTAL	PLACE	FAC member?	
			1	2	3						Y	N

EVENT	CONTESTANT'S FULL NAME	MODEL	TOTAL FLIGHT SECONDS OR BEST FLIGHT TIMES or HEAT ROUNDS for ML EVENTS			SCALE FLT. FACTORED	BONUS POINTS	SCALE POINTS	TOTAL	PLACE	FAC member?	
			1	2	3						Y	N

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			1	2	3						Y	N

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			1	2	3						Y	N

SEND COMPLETED FORMS TO: ROSS P. MAYO, KEEPER OF KANONES, 4207 CROSSWINDS DRIVE, ERIE, PA 16506