Massachusetts RACES Radiogram

Number	Precedence	HX	Station of Origin	Check	Place of Origin	Time Filed * Z	Date

To:

Address:

Phone: _____

One word per box, break up phone #s. Use X for STOP. 40 words normal max.

SIGNED:
[*Your Name*]: _____ [*Title (optional)*]: _____.

Phone: _____ *Zipcode*: _____

Received at Amateur station:	Date, Time		Phone	Address	
Rcvd From	Date	Time	Sent To	Date	Time

MARACES Message Form 1.1 10/6/1999