## Registration information:

Name of RR:	Leadvill	lle Colorado & Southern Fall Colors Run
Date(s)		
Name of		
Operator(s)		
Operator license #(s)	and Insura	ance card #(s)
(Enclose copy of NAR	COA curren	nt operator license(s) and Insurance Card(s) )
Car type and model:_		
Do you have and can	you use a wo	vorking NARCOA/FCC radio on NARCOA Channel
1-3?		
Contact E mail:		
Contact Phone #		While Traveling?:
Mailing address:		
Check enclosed and s	igned?	Full payment required at time of registration
Registration and paym	ent should b	be mailed to:
Rob Small: Asst. to th	ne EC	
726 Oak Ct. New Castle, CO.81647	7	
970 618 0137	notmail com	m

Checks or money orders for \$..100/three days or 55/one day. should be made payable to Rocky Mountain Division NARCOA, (RMD)
DO NOT TAKE CREDIT/DEBIT CARDS!