

COVER SHEET & INSTRUCTIONS

XXVI ANNUAL BAKER TO VEGAS COMMUNICATIONS PACKET 2010

- 1. COMPLETED FORMS MUST BE SUBMITTED PRIOR TO: 5 MARCH 2010**
2. All teams must fill out the first page with the race weekend contact information. Only complete the additional pages of the form set if you are using ham radio communications and/or APRS.
3. Teams using ham radio operators and frequencies need to provide a written copy of their communications plan illustrating where they intend to use which of the requested frequencies.
4. All teams using APRS trackers in any vehicle will list the type of tracker on the form from the following list of approved trackers:

KPC3 -9	Kantronics 9 pin	TT 3	Tiny Track 3	T 2	Tracker 2
KPC3 -25	Kantronics 25 pin	TT 4	Tiny Track 4	OT	Open Tracker
MT AIO	Micro-Trak All-In-One				
5. All crossband frequencies must be requested and approved before they are used on the race course. This will ensure that you do not interfere with another team's coordinated frequencies.
6. Team communications that utilize an existing radio system or repeater must include a letter of authorization from the trustee or owner of that system before they will be coordinated for use during the race.
7. Teams failing to submit the first page of the form set by the due date will be subject to a penalty.

FAX COMPLETED FORM(S): ATTN: Joy Matlack (562) 803-1462
QUESTIONS: Joy Matlack (562) 644-6850 EMAIL: rbvcom1@b2v.org
Race Communications Information and Updates: www.b2v.org
Version VII Revised 12/09 (supersedes all previous versions)

BAKER TO VEGAS COMMUNICATIONS FORM

Team #: _____ Team Name: _____ Team Contact: _____ Date: _____

Agency: _____ Phone #: _____ Fax #: _____ Email: _____

DEPARTMENTAL RADIO OPERATIONS

Primary Frequency _____ Alternate Frequency(s) _____ Repeater Operations yes no

Repeater Type: _____ Repeater Location(s) _____

Contact: _____ Phone#: _____ Cell#: _____ Email: _____

CB Radios: Handheld Mobile Channel(s) _____ Channel Assigned _____ Date _____

Satellite Phones: Contact _____ Cell # _____ Alternate Contact: _____ Cell# _____

Satellite Phones: Contact _____ Cell # _____ Alternate Contact: _____ Cell# _____

Cell Phones: Contact _____ Cell # _____ Alternate Contact: _____ Cell# _____

Cell Phones: Contact _____ Cell # _____ Alternate Contact: _____ Cell# _____

Rented Radios: Company _____ Contact Person _____ Phone # _____

Mfg _____ Model# _____ Channel(s) _____ Frequency(s) _____ Tone: _____

Frequency Verified by: _____ Date: _____ Time: _____

FRS Radios: Channel(s) _____ Tone(s) _____ **Trunked Systems:** Frequency(s) _____

GMRS Radios: Channel(s) _____ Tone(s) _____

GMRS Radios: Channel(s) _____ Tone(s) _____

MURS Radios: Channel(s) _____ Tone(s) _____

Business Band: Frequency(s) _____ Tone(s) _____

Business Band: Frequency(s) _____ Tone(s) _____

FOR OFFICIAL USE ONLY

Frequency Assigned: _____ Date: _____

Verified By: _____ Date: _____

Comments: _____

RACE WEEKEND CONTACT INFORMATION

Hotel Name: _____ Room# _____ Phone# _____ Contact: _____

Team Contact(24hr) _____ Cell# _____ Alternate Contact: _____ Cell# _____

Contact Name: Baker _____ Phone# _____ Shoshone _____ Phone# _____

Pahrump _____ Phone# _____ Additional Information: _____

Team Name: _____

Team # _____

BAKER TO VEGAS HAM RADIO COORDINATION

Team #: _____ Team Name: _____ Team Contact: _____ Date: _____

Agency: _____ Phone #: _____ Fax #: _____ Email: _____

Voice Communications Contact: _____ Call Sign: _____ Club / Agency: _____

Phone #: _____ Cell #: _____ Email: _____

Alternate Voice Coms Contact: _____ Call Sign: _____ Club / Agency: _____

Phone #: _____ Cell #: _____ Email: _____

REPEATER OPERATIONS

Repeater Type: CrossBand Mobile Portable Permanent Call Sign: _____ Band(s): _____

Input: _____ pl _____ Output: _____ pl _____ Input: _____ pl _____ Output: _____ pl _____

Repeater Location(s) _____

Net Control: _____ Phone #: _____ Email: _____

Mobile Repeater Information: Type of Vehicle _____ License Plate _____ Driver _____

Repeater Installation Contact: _____ Call Sign: _____ Club / Agency: _____

Phone #: _____ Cell #: _____ Email: _____

FREQUENCY INFORMATION

Frequencies Requested

Frequencies Assigned

Band	Frequency	PI	Offset	Band	Frequency	USB	LSB	Band	Frequency	PI	Offset	Band	Frequency	USB	LSB
2 M				10M				2 M				10M			
220				20M				220				20M			
440				40M				440				40M			
6 M				60M				6 M				60M			
1.2				80M				1.2				80M			

Team Name: _____

Team # _____

BAKER TO VEGAS APRS COORDINATION

Team #: _____ Team Name: _____ Team Contact: _____ Date: _____

Agency: _____ Phone #: _____ Fax #: _____ Email: _____

Person in Charge APRS System: _____ Call Sign: _____ Club/Agency: _____

Phone#: _____ Cell#: _____ Email: _____

Alternate Contact for APRS : _____ Call Sign: _____ Club/Agency: _____

Phone#: _____ Cell#: _____ Email: _____

FOLLOW VEHICLE OPERATIONS

Installer: _____ Call Sign: _____ Phone#: _____ Cell#: _____

Email: _____ Tracker Type: _____

Type of Vehicle _____ Color _____ License Plate (if known) _____

(Use legend on cover sheet to identify tracker type)

ADDITIONAL VEHICLE(S) OPERATING APRS

Installer: _____ Call Sign: _____ Phone#: _____ Cell#: _____

Email: _____ Tracker Type: _____

Type of Vehicle _____ Color _____ License Plate (if known) _____

Vehicle Installed in: Team Captain Shuttle Vehicle Communications Support Vehicle Other _____

(Use legend on cover sheet to identify tracker type)

Installer: _____ Call Sign: _____ Phone#: _____ Cell#: _____

Email: _____ Tracker Type: _____

Type of Vehicle _____ Color _____ License Plate (if known) _____

Vehicle Installed in: Team Captain Shuttle Vehicle Communications Support Vehicle Other _____

(Use legend on cover sheet to identify tracker type)

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS SPACE!!!

Slot Assigned: _____ Frequency Assigned: _____ Slot Assigned: _____ Frequency Assigned: _____

Slot Assigned: _____ Frequency Assigned: _____ Slot Assigned: _____ Frequency Assigned: _____

Information Coordinated: _____ Date: _____ Time: _____

Team Name: _____

Team # _____