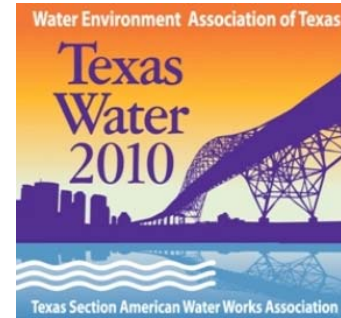


Texas Section AWWA "TOP OPS" 2010

Team Application

Person Submitting Application : _____
 Contact number: _____
 e-mail address: _____

 Team Contact Person: _____
 Contact number: _____
 e-mail address: _____



Team Captain (1)	Operator License Number & Grade	AWWA Member Number	Shirt Size	Organization
Team Members (1-2)	Operator License Number & Grade	AWWA Member Number	Shirt Size	Organization

**Upon approval of this application, the designated team contact person will be informed by the "Top Ops" coordinator.
Questions regarding status of your team's application

jrreavis@swwc.com
Roberto.Amezquita@CityofHouston.Net



EMAIL FORM TO
jrreavis@swwc.com
Roberto.Amezquita@CityofHouston.Net

COPY TO
Rharris@pro-ops.net
lisat@texas.net

By submitting this entry form, all team members agree to abide by all the rules of the competition and judges decisions.

Signed _____
 Coach

Date _____