

**Texas Section AWWA "TOP OPS" 2012**

**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**

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**TOP OPS 2012**

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

Signed \_\_\_\_\_

Coach

Date \_\_\_\_\_