



CTEA Entry Form

Team Name: _____

Organization: _____

Type of Business: _____

Type of Team: _____

Street Address (no P.O. Box): _____

City: _____ State: _____ Zip: _____

50 word description of your project including purpose and result:

(this information will be used in promotional material)

Contact Person (Team Leader/Facilitator): _____

Phone: () _____ **e-mail:** _____

Mobile: () _____ -- _____ **Fax:** () _____

Team Members to be listed on the awards trophy:

(include name, title, phone number and e-mail for each)

Name, title, address, phone, e-mail of highest ranking official at your site/facility:

ENTRY CHECKLIST:

- Complete, sign, and date the entry form.
- Include appropriate entry fee made payable to CCE (California Council for Excellence).
- Enclose/e-mail two 5x7 horizontal color pictures (with team members identified on the back).
- Enclose/e-mail two camera-ready color logos of your company.
- Enclose supporting documentation in a binder.



INFORMATION RELEASE AUTHORIZATION

I, (print name) _____ hereby authorize release of the entry materials submitted for the ASQ Team Excellence Awards process through the local award program, the California Team Excellence Award.

This authorization is granted with the understanding that the grantee will not assert any copyright restrictions and/or deprive ASQ/CTEA of any rights related to the above-mentioned materials. ASQ/CTEA has the right to display, reproduce, and/or make available the entry materials for viewing at any ASQ/CTEA event or to interested parties.

This authorization is granted to ASQ, P.O. Box 2055, Milwaukee, WI 53201-2055 and CTEA, P.O. Box 1235, Poway, CA 92074-1235.

Signature: _____ Date: _____