VTASLA 2020 AWARDS PROGRAM ENTRY FORM

ENTRANT INFORMATION
Entrant must have had primary involvement in the entry and will serve as the main contact and receive and disseminate award related correspondence to project contributors.

Name _______________________________________________________________________________________
Company ___________________________________________________________________________________
Address ____________________________________________________________________________________
Phone _____________________Fax_____________________ E-Mail ___________________________________

PROJECT INFORMATION
Name _______________________________________________________________________________________
Location (if applicable) _________________________________________________________________________
Other Project Participants (as you would like them listed in credits)_____________________________________
Brief description of the project (2-3 sentences – may be used in announcements/press releases etc.)______________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

CLIENT INFORMATION
Name (as you would like them listed in credits)____________________________________________________
Address _____________________________________________________________________________________
Phone __________________Fax _____________________________________________________________

AGREEMENT
I certify that as an entrant, I had primary involvement in the project entered. I have read the information regarding the Vermont Chapter Awards Program and agree to the terms of the entry. I understand that submission material of winning entries will become the property of VTASLA. I, as entrant, and the project owner have no objection to the submission, judging and publication of this material.

Entrant Signature _____________________________________________ Date________________
Authorized Signature/Owner ___________________________________________ __Date___________________

Send to: VTASLA
C/O Michael Buscher, ASLA
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Burlington, VT 05401