

**ENTRY FORM:**

**TELL US ABOUT YOUR  
GIMMICK OR GADGET**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**AWWA MEMBERSHIP NUMBER:** \_\_\_\_\_  
(No entry will be accepted without a valid membership number)

**PHONE: WORK:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

***What is the name of your GIMMICK OR GADGET?***

\_\_\_\_\_

***What is the use of the GIMMICK OR GADGET?***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***What benefit is provided by the GIMMICK OR GADGET?***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBMIT ENTRIES TO: OPERATIONS SERVICE AWARD CHAIR**

**ENTRY DEADLINE: February 20 of Competition year.**