

California Team Excellence Awards 2014-2015 Program

Team Trailblazer Recognition Application

Team Name: _____

Organization: _____

Business: _____ Type of Team: _____

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

City: _____ State: _____ Zip: _____

Brief description of your project including purpose and results (200 word limit):
(This information may be used in promotional material)

Primary Contact Person (Team Leader/Sponsor/Facilitator): _____

Phone: () _____ E-mail: _____

Mobile: () _____ Fax: () _____

Back-up Contact Person (if above is unavailable) _____

Phone: () _____ E-mail: _____

Highest ranking official at your site/facility:

Name: _____ Title: _____

Phone: () _____ E-mail: _____

Team Members: (Include name and role for each)

Application Fees

The fee is \$500 for each team application. This fee is due with submission. A discount will be given for an organization that enters 3 or more teams (Contact CCE office for details).

Statement of Authorization

We understand that this CTEA Program Application and subsequent materials may be reviewed by the California Council for Excellence Office, California Team Excellence Awards Council and the Team Excellence Panel of Judges.

Authorized Signature

Name (Printed)

Title

Date

Telephone Number

For full program details, please see found on the CTEA website:
<http://www.calexcellence.org/CTEAProgram/ApplicationResources.aspx>

Entry Checklist:

- Complete, sign, and date the **Team Application form** and **Information Release Authorization form.**
- Include entry fee \$500 made payable to: **CCE**
- Submit PowerPoint presentation with speaker note or Word type document addressing the criteria elements in soft-copy on a CD to CCE office
- Submit a horizontal color photo (JPG file) of the team and a camera-ready (JPG file) color logo of your organization on the CD to CCE. Also identify team members in photo.
- Mail items to: CCE 655 S. Main Street, Suite 200, #364, Orange, CA 90868

Please email your completed CTEA-Team Trailblazers Recognition Application to megan@caexcellence.org

Contact information:

Megan O'Keefe

California Council for Excellence

Phone: 858-486-0400

Fax: 858-486-8595

www.calexcellence.org

California Team Excellence Awards Team Trailblazer Recognition

2014-2015 Program

Information Release Authorization

I, (print name) _____ hereby authorize release of the entry materials submitted for the award program administered by California Council for Excellence (CCE), California Team Excellence Awards (CTEA). This authorization is granted with the understanding that the grantee will not assert any copyright restrictions and/or deprive CTEA of any rights related to the above-mentioned materials. CCE-CTEA has the right to display, reproduce, and/or make available the entry materials for viewing at any CTEA event or to interested parties.

Print name: _____

Signature: _____ Date: _____

Note: Please include this signed authorization with the application.