Entry Form

25th Anniversary Fashion Show Awards

NWTAA
NORTHWEST TERRITORIES ASSOCIATION OF ARCHITECTS

ENTRANT

NAME _____

FIRM _____

ADDRESS _____ **PROV/TERR** _____ **POSTAL CODE** _____

PHONE _____ **EMAIL** _____

SUBMISSION

NAME OF PROJECT/BUILDING _____

CLIENT/OWNER _____

BUILDING ADDRESS _____

DATE OF SUBSTANTIAL COMPLETION _____

ARCHITECT OF RECORD _____

ORIGINAL ARCHITECT [IF APPLICABLE] _____

CONTRIBUTING ARCHITECTS/FIRMS _____

_____

ADDITIONAL NOTES
[PHOTO CREDITS, ADDITIONAL RECOGNITIONS, DESIGN TEAM,)

CONFIRMATION

I confirm that I am the principal designer of the above-noted project or that I have the explicit permission of the principal designer(s) to represent these works as submitted. I further confirm that, if applicable, I have the permission of the owner/client to enter the above-noted project in an awards program. All applicants to be present at dress rehearsal to be held Friday October 16th at the Top Knight. Time to be determined. Contact person for the fashion show is Cheryl Fennell cherylfennell9@gmail.com

I hereby permit NWTAA to edit, publish and distribute all photographs and materials, freely and without compensation, at its discretion and without further notice.

_____ _____

SIGNATURE OF ENTRANT **DATE**