



**WINTER ARTS - Snow Sculpting Competition  
2020 Team Application**

**Team Information**

Team Name: \_\_\_\_\_

Name of Sculpture: \_\_\_\_\_

Does your team reside 1 or more hours outside the Dubuque city limits and would like to be considered for complimentary hotel accommodations? YES \_\_\_ NO \_\_\_

**Team Captain**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Best time to reach you? AM \_\_\_ PM \_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Full-Time Iowa Resident? YES \_\_\_ NO \_\_\_

**Team Member #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Best time to reach you? AM \_\_\_ PM \_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Full-Time Iowa Resident? YES \_\_\_ NO \_\_\_

**Team Member #3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Best time to reach you? AM \_\_\_ PM \_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Full-Time Iowa Resident? YES \_\_\_ NO \_\_\_

**Proof of residency in the form of a drivers license or state ID must accompany application.**