



# 2024 ABCD AWARDS ENTRY FORM

## STRUCTURE INFORMATION

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

Location (i.e. Route, etc.): \_\_\_\_\_

Crossing: \_\_\_\_\_

Person Submitting & Company Name: \_\_\_\_\_

Person Submitting Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Representative of: ☐ Owner ☐ Contractor ☐ Designer

Estimated Project & Structure Costs: \_\_\_\_\_

Actual Project & Structure Costs: \_\_\_\_\_

Length of Construction and Opening Date: \_\_\_\_\_

Category: \_\_\_\_\_

## OWNER INFORMATION

Contact Person and Title: \_\_\_\_\_

Company/Institution Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

## DESIGNER INFORMATION

Contact Person and Title: \_\_\_\_\_

Company/Institution Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

## CONTRACTOR INFORMATION

Contact Person and Title: \_\_\_\_\_

Company/Institution Name: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_