

# MCAA Project Submission Form

Please type or print legibly.

## Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Project Information

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

Project City: \_\_\_\_\_ Project State: \_\_\_\_\_

### Type of Project:

Projects may only be entered into one category. If a project qualifies for more than one category, please select the category that best fits the project.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Commercial                    | <input type="checkbox"/> Government          | <input type="checkbox"/> Rehabilitation/Restoration |
| <input type="checkbox"/> Education: K-8                | <input type="checkbox"/> Industrial          | <input type="checkbox"/> Residential: Single Family |
| <input type="checkbox"/> Education: 9-12               | <input type="checkbox"/> Institutional       | <input type="checkbox"/> Residential: Multi-Family  |
| <input type="checkbox"/> Education: College/University | <input type="checkbox"/> Landscape/Hardscape |   |

Date of Project Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Primary Wall System:

- Cavity Wall: Brick Veneer/Reinforced Concrete Block
- Cavity Wall: Concrete Block Veneer/Reinforced Concrete Block
- Cavity Wall: Stone Slab Veneer/Reinforced Concrete Block
- Barrier Wall: Stone Veneer/Reinforced Concrete Block
- Single Wythe: Reinforced Concrete Block
- Single Wythe: Reinforced Brick
- Cavity Wall: Brick Veneer/Steel Stud
- Cavity Wall: Brick Veneer/Wood Stud
- Cavity Wall: Concrete Block Veneer/Steel Stud
- Cavity Wall: Brick Veneer/Reinforced Cast in Place Concrete
- Cavity Wall: Concrete Block/Reinforced Cast in Place Concrete
- Other (be specific): \_\_\_\_\_

Awards won (name of award, year won): \_\_\_\_\_

## Mason Contractor

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

## Architectural Firm

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

## General Contractor

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

## Masonry Supplier

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

## Owner/Developer

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

## Project Description

Please include a typed description of the project in Word, not to exceed 500 words, on the submission CD.

The description should include design goals, the primary details and features, advantages of using masonry, and unique or special circumstances faced in designing or building the project. Be sure to proofread the description for any typos or errors.

## Photographer

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Website: \_\_\_\_\_

I hereby grant the Mason Contractors Association of America (MCAA) the absolute right and permission to reproduce the photographs that have been submitted for use on the MCAA and MasonrySystems.org websites. All photographs may be used by the MCAA in future promotional materials. Proper acknowledgement of my work will be made at the discretion of the MCAA.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Please mail completed forms with submission CD to:**

MCAA Project Submission  
Mason Contractors Association of America  
1481 Merchant Drive  
Algonquin, IL 60102

### **Questions?**

If you have additional questions please contact the MCAA at 800-536-2225.