



## CALL FOR ENTRIES

The 2023 **Colorado State TopTech Skills Competition** will be held on Saturday, April 22, 2023, at the Lincoln College of Technology Denver Campus 11194 E. 45<sup>th</sup> Ave. Denver, CO 80239.

We strongly urge you to encourage your technicians to participate in the Colorado TopTech Skills Competition. A copy of the entry form is enclosed. Please make copies for your technicians. Materials can also be found on our website at <https://cmca.com/about-us/maintenance-council/>

**The TopTech Skills competition is open to ALL MEMBER AND NON-MEMBER Technicians.**

### **2023 Colorado TopTech Information:**

- Each competitor must check in after **7:00am on Saturday, April 22, 2023**. The skills competition will begin promptly at **8:00am**. Once the competition begins, no one will be allowed to enter or use electronic devices and late arrivals will be disqualified.
- All tools will be provided for the competition. **Technicians may bring a DVOM.**
- Technicians who are late or fail to show up for their activities will be **disqualified**.
- Technicians will be awarded points for safety items and will be deducted points for foul language and unprofessional attitudes.
- Prizes will be awarded for each station
- Free breakfast and lunch will be available for technicians, their families, and volunteers
- Overall winner will represent Colorado at National SuperTech Competition September 17-21, 2023, in Cleveland, OH.

**Entry fee is \$50.00 per contestant.**

Cancellation Policy: If you need to cancel, please notify CMCA by April 11, 2023 - refunds will be issued minus a \$25 admin fee. Cancellations after that will be charged the full amount.

**2023 TopTech Registration Form**  
**April 22, 2023**

Lincoln Tech  
11194 E. 45<sup>th</sup> Ave. Denver, CO 80239  
7:00am Registration/Breakfast  
8:00am Competition starts.

**Registration Fee = \$50.00**  
**(One form per person)**

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

Shirt Size: S M L XL XXL XXXL

Competitor Type: \_\_\_\_\_ Professional Tech \_\_\_\_\_ Student Tech

Referred by: \_\_\_\_\_

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

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

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Check Enclosed \_\_\_\_\_ CC# \_\_\_\_\_ Exp. \_\_\_\_\_ CVS \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

\_\_\_\_\_

**Mail completed forms to**  
**CMCA**  
**4060 Elati St.**  
**Denver CO 80216**  
**Or**  
**[tracy@cmca.com](mailto:tracy@cmca.com)**