**APPLICATION FOR CONTEST’S PARTICIPANTS**

|  |  |
| --- | --- |
| Name: |  |
| Surname: |  |
| Date of Birth (age):  |  |
| City:  |  |
| Name of the school:  |  |
| Nomination: |  |
| Title of the Art Work:  |  |
| Technique: |  |
| Contact information (tel.,e-mail): |  |
| Name and surname of teacher (completely), contacts (mob. phone, e-mail):  |  |

**Uncompleted application form will not be fully accepted for consideration, and the application will not be accepted for participation!**

*\** *The application in electronic form (document in MS Word format) must be duplicated on:* *art.kazfuca@gmail.com*