

CONTEST ENTRY FORM



eight sign emblem

CATEGORY A B C (Please circle the appropriate)		
TITLE OF WORK		
AUTHOR	FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/>
	NAME	SURNAME
	AGE:	
ADDRESS	STREET	
	HOUSE NUMBER	
	POSTCODE	
	TOWN/CITY	
	COUNTRY	
E-MAIL		
LEADING TEACHER		
SCHOOL STAMP		
PLEASE RETURN MY WORK. I DECLARE THAT I WILL COVER COURIER DELIVERY COSTS (DHL, POCZTEX)		DO NOT RETURN MY WORK. I LEAVE THE WORK AT THE ORGANIZER'S DISPOSAL
(Please circle the appropriate)		
TOWN: DATE:2014 <div style="text-align: right;"> SIGNATURE OF THE PATRICIPANT OR THE LEGAL GUARDIAN OF THE MINOR PARTICIPANT </div>		