VIC	25. VIŠKI LIKOVNI SALONČEK					
	INTERNATIONAL CHILDREN'S EXHIBITION AND CONTEST					
	APPLICATION FORM					
NAME:				AGE:		
SURNAME:				BOY	GIRL	
MENTOR'S NAME		TEC	HNIQUE			
TITLE OF THE		•				
ART WORK						
NAME AND						
ADDRESS OF						
SCHOOL						
TOWN:			COUNTRY:			
POST/ ZIP code:			PHONE:			
EMAIL ADDRESS						
OF SCHOOL/						
MENTOR:						
Please send this application form along with the work of art till 30th, April, 2020 latest to the address: OŠ VIČ, Abramova 26, 1000 Ljubljana, Slovenia						

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NAME:			AGE:			
SURNAME:			воу	GIRL		
MENTOR'S NAME		TECHNIQUE				
TITLE OF THE	·					
ART WORK						
NAME AND						
ADDRESS OF						
SCHOOL						
TOWN:		COUNTRY:				
POST/ ZIP code:		PHONE:	PHONE:			
EMAIL ADDRESS						
OF SCHOOL/						

MENTOR: