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|     | **27. VIŠKI LIKOVNI SALONČEK** **INTERNATIONAL** **CHILDREN’S EXHIBITION AND CONTEST** **APPLICATION FORM**  |
| **NAME:**  |  | **AGE:**  |  |
| **SURNAME:**  |  | **BOY**  | **GIRL**  |
| **MENTORʼS NAME**  |  | **TECHNIQUE**  |  |
| **TITLE OF THE** **ART WORK**  |  |
| **NAME AND** **ADDRESS OF** **SCHOOL**  |  |
| **TOWN:**  |  | **COUNTRY:**  |
| **POST/ ZIP code:**  |  | **PHONE:**  |
| **EMAIL ADDRESS** **OF SCHOOL/ MENTOR:**  |  |

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Please send this application form along with the work of art till April, 1st, 2025 latest to the address:

OŠ VIČ, Abramova 26, 1000 Ljubljana, Slovenia