Application form:

Name and surname of the author* _____

Gender * M F

Date of birth*_____

Address* _____

School* _____

Country* _____

E-mail * _____

Telephone _____

Name and surname of a mentor* _____

E-mail * _____

School/association* _____

Address* _____

E-mail of school* _____

The title of the work 1*: _____

Visual art technique:_____

I agree with the conditions for applying! ___

For all additional information please contact us via e-mail address

inge.ivartnik@gmail.com *or check our web site* www.osmoravce.si