

ENTRY FORM

NAME OF DESIGNER(S)

NAME OF ORGANISATION (IF APPLICABLE)

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH WEBSITE (IF APPLICABLE)

INDIVIDUAL OR GROUP APPLICATION?

500 WORDS ON YOUR DESIGNS AND WHY YOU THINK YOU SHOULD BE THE IYAF DESIGNER (THESE CAN BE ON ANOTHER SHEET OR IN ANY FORM YOU PREFER)

WOULD YOU LIKE TO BE ADDED TO OUR MAILING LIST AND RECEIVE NEWS FROM CREATIVE YOUTH?

HOW DID YOU FIND OUT ABOUT THE IYAF DESIGN COMPETITION?