

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?

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

HOW DID YOU FIND OUT ABOUT THE IYAF DESIGN COMPETITION?