***APPLICATION FORM***

**for participation on**

**2nd INTERNATIONAL HUMANITARIAN PAINTING EVENT**

**Location: Hospital (Dolnooravská nemocnica s poliklinikou MUDr. L.N. Jegeho)**

**in Dolny Kubín, Slovakia**

**Participant/s:**

1. -------------------------------------------------------------------------------
2. -------------------------------------------------------------------------------
3. --------------------------------------------------------------------------------
4. ---------------------------------------------------------------------------------

**Country**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mobile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of arrival: October

Data and Time of departure: October