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| **- The 5th Suwon Youth International Art Exchange Exhibition 2025 -**  **Participation Form** | | | |
| ①Participant’s  Name | *Both in your language and English* | ②No. | ※Do not fill this box. |
| ③Gender | Male/Female |
| ④School Name |  | ⑤Grade |  |
| ⑥Country |  | ⑦City |  |
| ⑧Address | Zip code: | | |
| ⑨Contact | Phone number : | | |
| E-mail : | | |
| ⑩Title of Artwork | In your language) | | |
| In English) | | |
| ⑪Art Technique | *Watercolor, Oil painting, acrylics, etc.* | ⑫Size | B3 / B4 |
| ⑬Explanation  (Within 30 words) | *Both in your language and English* | | |
| ⑭Artwork Return  Preference | □ I wish to have my artwork returned  □ I do not wish to have my artwork returned | | |
| I would like to submit my art work to the 『The 5th Suwon Youth International Art Exchange Exhibition 2025』 held by your organization(SWCIC), and the authority for the use of this work is entrusted to your organization.  YYYY/MM/DD  Name : | | | |

**Participation Form**

**※ You do not need to print or scan the application. Please fill out the application form and send it as a file.**