



REGISTRATION FOR PARTICIPATION AT COLONY OF ART

„ALPS ADRIATIC HEART OF NAIVE“

MAY 30th – JUNE 1st, 2014. IN HLEBINE

NAME AND SURNAME OF THE ARTIST: _____,

ADDRESS: _____,

TEL./FAX: _____, E-MAIL: _____,

COUNTY/REGION: _____,

ASSOCIATION: _____,

TECHNIQUE WHICH ARTIST USES: _____.

PARTICIPANT OF THE COLONY OF ART ACCEPTS ACCOMMODATION (TWO OVERNIGHT STAY)
IN THE HOUSE OF ONE OF THE ARTISTS FROM THE ASSOCIATION OF HLEBINE PAINTERS AND
SCULPTORS OF NAIVE: _____(YES / NO)

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