## Cairo International Biennale of Children's Art 2 0 1 9

## The Fine Arts Sector and AmeSea

## **My Favorite Place**

## **Registration Form** Name of Artist (full name) Date of Birth Name of Art Teacher School Grade School Name School Address Home Address Phone Cell Phone (if any) E-mail (if any) The parent/guardian's signature and consent to the participation in the Biennale according to the announced terms Artist's Signature **Artwork Dimensions** Mediums Title of Artwork and Date of Production

Dr. Ahmed Hatem Commissaire general