TOYOTA DREAM CAR ART CONTEST

The 10th Toyota Dream Car Art Contest Entry Form

Your entry may not be eligible in case all information are not filled, or not correct.

❶ Age category:

☐ (1) under 8 years old ☐ (2) 8-11 years old ☐ (3) 12-15 years old

❷ Title of the artwork:

❸ Please explain about the concept of your Dream Car you have drawn within the box below.
(What's the dream you would like to see come true with this car?)

*Explain in about three lines.

❹ Name of the applicant:
in English Alphabet

***Your name used in general for publications**

First Name
Middle Name
Family Name

❺ Age of the applicant:

Age: _____ years old

Date of birth: YY / MM / DD

❻ Gender of the applicant:

☐ Male ☐ Female

❼ Name of parent(s) or legal guardian of the applicant*: in English Alphabet

First Name
Middle Name
Family Name

❽ Postal address:

Postal Code
Country
Address

❾ Telephone number and Fax number (if available):

Country Code Number
Tel:
Fax:

❿ E-mail address (if available):

⓫ Agreement: I, the applicant, and I/We, the parent(s) or legal guardian of the applicant, acknowledge that we have read and understood the Entry Terms and Conditions of the 10th Toyota Dream Car Art Contest. I/We hereby pledge the full compliance of all the clauses in the Entry Terms and Conditions in connection with the applicant's submission of the artwork with the above title to the 8th Toyota Dream Car Art Contest.

Signature of the applicant:

Signature of parent(s) or legal guardian of the applicant*:

Date: YY / MM / DD

*Note:
• If parent(s) can sign, please have the parent(s) to sign.
• Also, if both parents are able to exercise parental rights, please have both parents to sign. In case only one of the parents is able to exercise parental rights, one parent's sign will be acceptable.
• Only in the case neither parents can sign, please have the legal guardian to sign.

■ **How to enter: Entry period November 1st 2015 to February 1st 2016**
• Submit your entry with your artwork and an entry form together.
• In case an applicant submits multiple entry, each entry must be submitted with an entry form together.

■ **Entries:** United Traders Syndicate Pvt. Ltd., Tinkune, Sinamangal, P.O. Box 233, Kathmandu, Nepal. Ph. : +977-1-4478301-305

■ **Enquiries:** Ms. Sandhya Shrestha
• Phone number: 9801066221
• E-mail address: marketing@voith.com.np

For administration use only (Please do not fill in)

Administration number (filled by distributor)	
Age category (1) ☐ (2) ☐ (3) ☐	**Accepted number (by each category)**
	Date accepted (Please write in the Western calendar year.) YY (/ MM / DD)

United Traders Syndicate Pvt. Ltd.
Sinamangal, Kathmandu, Nepal

Dealer name

Authorized Signature