“放飞梦想——湖北•拉脱维亚

国际少儿画展”作品报名表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 作品名称 |  | | | | | | | | |
| 作者姓名 |  | 性别 |  | 民族 | |  | | 年龄 |  |
| 学校班级 |  | | | | | | | 辅导老师 |  |
| 监护人 |  | | | | | | | 与作者关系 |  |
| 监护人电话 |  | | | | | | | | |
| 详细通讯  地址及邮编 |  | | | | | | | | |
| 推荐单位 |  | | | | | | | | |
| 推荐单位  电话 |  | | | | E-mail | |  | | |
| 作品简介 |  | | | | | | | | |