22.07.2019

Об участии в конкурсе

Управление по образованию Минского райисполкома в соответствии с письмом главного управления по образованию Миноблисполкома №3-2/996 от 22.07.2019 направляет информацию о XXVII ежегодном международном конкурсе детского рисунка. Срок подачи работ – по 30 сентября 2019 года, возраст участников – 6-15 лет.

Реквизиты для прямых контактов с организаторами: Ie-No-Hikari

Association, “The World’s Children Contest”, 11, Funagawara-cho, Ichigaya, Shinjuku, Tokyo, 162-8448, Japan; сайт <https://www.ienohikari->

koubo.com/zugacon/english/; эл. почта zugakon@ienohikari.or.jp.

Дополнительную информацию можно получить в загранучреждении, контактное лицо – третий секретарь Филич А.А., тел. +81-3-3448-1623, эл. почта japan.cjnsul@mfa.gov.by.

Необходимо проинформировать заинтересованных и до 30.08.2019 года сообщить об участии в мероприятии Наумович О.В. (2040630, 80291552634)

Приложение: на 6 л.



|  |  |  |  |
| --- | --- | --- | --- |
| Individual | Entry Attaching Label |   |  World Children's Picture Contest |
|  | \*You must fill in the form with black pen in English **(block letters).** |  |  |  |
|  | \*Detach this Label, and paste on your picture backside. |  |  |  |  |  |
|  | \*If you need additional this Label, please attach the copies this form. |  |  |  |
|  | **Original Title of Picture (Please be sure to put a title)** |   |   |   |
|  |  |   |   |  |   |   |   |
|  |  |  |  |   |  |  |   |
|  | **Given Name (First Name)** |  |  **Middle Name (Christian Name)** |  |   |
|  |  |  |  |  |  |  |   |
|  | **Surname (Family Name / Last Name)** |   |   |   |   |   |
|  |  |  |  |  |  |  |   |
|  | **Country of Residence (e.g.JAPAN)** |   |  **Sex \*Please check ✓ the Box** |  **Age** |  |
|   |   |   |   |  □**Male**  | □**Female** |  |   |
|  | **Your Address** |  |  |  |  |  |   |
|  |  |  |  |  |  |  |   |
|  |  |  |  | **Postal Code** |  |  |   |
|  | **TEL (Please print : 0123456789)** |  |  **FAX (Please print : 0123456789)** |  |   |
|  |  |  |  |  |  |  |   |
|  | **e-mail (Please print :** ○○○○＠○○○○**.**○○**.**○○**）** |  |  |  |  |  |
|   |  |  |  |  |  |  |   |
|  | **How did you know this contest ?** |   |   |   |   |   |
|  | □**DM**□**Our Website**□**Your school**□**JICA(Japan International Cooperation Agency)**□**Embassy,Consulate**□**other( )** |   |
|  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | Entry List |   |   | World Children's Picture Contest |
|  | \*You must fill in the form with black pen in English **(block letters)**. |  |  |
|  | \*If you need additional this List, please attach the copies this form. |  |  |
|  | \*Be enclosed this List when you send the pictures. |  |  |  |
|  | **Name of Organization** |   |   |   |   |   |
|  |  |   |   |  |   |   |
|  | **Staff/Teacher/Instructor/Sender** |   |  |  |  |
|   | □**Mr.** □**Mrs.** □**Ms.** |   |   |  |  |  |
|  | **Address of Organization** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | **Postal Code** |  |  |
|  | **TEL (Please print : 0123456789)** |  |  **FAX (Please print : 0123456789)** |  |
|  |  |  |  |  |  |  |
|  | **e-mail (Please print :** ○○○○＠○○○○**.**○○**.**○○**）** |  |  |  |  |
|   |   |   |   |   |   |   |
|   | **Number of the entry pictures** |  |  **Number of total entries** |  |   |
|   |  \*please fill in the number of the pictures you will sent. |  |  \*if you select the pictures, please note the total number of entries. |
|   |  |  |  |   |  |   |
|  | **How did you know this contest ?** |   |   |   |   |
|  | □**DM**□**Our Website**□**Your school**□**JICA(Japan International Cooperation Agency)**□**Embassy,Consulate**□**other( )** |
|  |  |  |  |  |  |  |
| Organization | Entry Attaching Label |   |  World Children's Picture Contest |
|  | \*Please detach this Label, and paste on your picture backside. |  |  |  |  |
|  | **Original Title of Picture**  |   |   |   |   |   |   |
|  |  |   |   |  |   |   |   |
|  |  |  |  |   |  |  |   |
|  | **Given Name (First Name)** |  |  **Middle Name (Christian Name)** |  |   |
|  |  |  |  |  |  |  |   |
|  | **Surname (Family Name / Last Name)** |   |   |   |   |   |
|  |  |  |  |  |  |  |   |
|  | **Country of Residence (e.g.JAPAN)** |   |  **Sex \*Please check ✓ the Box** |  **Age** |  |
|   |   |   |   |  □**Male**  | □**Female** |  |   |
|  | **Name of Organization** |  |  |  |  |  |  |
|   |  |  |  |  |  |  |   |
|   |   |   |   |   |   |   |   |



