

## **Colors of Paradise – Registration & Submission Form**

Please complete this form and email it together with up to four (4) scanned images of artworks to:

[sicp.festival@gmail.com](mailto:sicp.festival@gmail.com)

Note: In the subject of the email write the child's full name and the city in the following format: First Name-Last Name-City (e.g., Reza-Moradi-Shiraz)

This form must be completed by a parent or legal guardian.

### **1. Guardian Information**

Full Name:

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Relationship to Child:

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Nationality:

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Email Address:

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Phone / cellphone (preferably connected to WhatsApp)

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Postal Address:

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### **2. Child Information**

Child's Full Name:

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Date of Birth (DD/MM/YYYY):

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Age Group (7-10 / 11-15):

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Nationality:

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City & Country of Residence:

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### 3. Artwork Information

Main Section – “Colors of Paradise: Shiraz” (maximum 3 artworks)

Artwork 1 – Short Description (max 20 words):

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Artwork 2 – Short Description (max 20 words):

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Artwork 3 – Short Description (max 20 words):

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Side Section – “My City, My Heritage” (optional – maximum 1 artwork)

Artwork Description (max 20 words):

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### 4. Submission Checklist

- Up to 3 photos for Main Section
- Up to 1 photo for Side Section
- Each image is clear and high resolution (300 dpi/max 5 MB per file)
- Each artwork is original and hand-made

### 5. Declaration & Consent

I confirm that:

- I am the parent or legal guardian of the child mentioned above.
- All submitted artworks are original, hand-made, and created by my child.
- I have read and understood the official Terms & Conditions of the Colors of Paradise International Children’s Painting Festival 2025.
- I agree to all rules, usage rights, and data policies stated therein.

Guardian's Full Name:

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Signature:

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Date:

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