

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

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:

Relationship to Child:

Nationality:

Email Address:

Phone / cellphone (preferably connected to WhatsApp)

Postal Address:

2. Child Information

Child's Full Name:

Date of Birth (DD/MM/YYYY):

Age Group (7–10 / 11–15):

Nationality:

City & Country of Residence:

3. Artwork Information

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

Artwork 1 – Short Description (max 20 words):

Artwork 2 – Short Description (max 20 words):

Artwork 3 – Short Description (max 20 words):

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

Artwork Description (max 20 words):

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:

Signature:

Date:
