

Competition Entry Form

Given Name					Famil	ly Name				
Your Address										
University/College being attended										
Name & contact for Tutor	Name					email				
Not in education O		cupation				Name o Compan				
	Sta	art date								
Provide details at which we can contact outside term-time	e-mail address		ss							
	Tel:					Мо	ob:			
				1						
Category		ONE		TWO	THREE		FOUR		FIVE	
Name of Category		1920 Re-imag		The New Modern		nporary oiserie	Sky's Limi		Lasting Legacy	
Number of Designs enter in each category	ed									
		01.04		DATE					et Manuel, 000 f	
CLOSING DATE									st March 2024	
I am not currently employed or will be working within the Surface Pattern Design Industry for more than 12 months at the closing date of this competition (Delete as applicable)									Agee/ Disagree	
I have read and understood all the terms and conditions of this competition (Delete as applicable)									Yes or No	
I understand that entries arriving after the closing date may not be considered (Delete as applicable)									Yes of No	
F	Please	enter you	ır curr	ent year of stu	ıdy					

Please complete this form on-line and return as a word document Documents sent as an image are often illegible.

DO NOT WRITE BELOW THIS LINE

Date

I have entered the i-dott Competition previously (State Yes or No)

Signed

DO NOT WATE BEEON THIS EINE										

Email the completed and signed documents to either:

info@i-dott.org or jintyfeeney@gmail.com