



Application for the Youth Painting Contest
Organized by The Hellenic Society Prometheas

Date: _____

Personal Information:

1. Name of Youth: _____

2. Address: _____

3. Telephone: _____ Email: _____

4. Age of applicant to determine the contest category: _____

5. Name of parent to be contacted:

Last name: _____, First name: _____

Tel.: _____, Email: _____

Other Information:

1. I am student of the following Greek School:
Name: _____

2. My parents are members of the HS Prometheas (check one): YES _____, NO _____

3. Based on my age the Contest Category is: A (5 to 11 years) _____, B (12 to 18 years) _____

Please type or print all entries.

Applications should be emailed by Friday, September 30st, 2016 to:

lefteris.karmiris@verizon.net and ysta93@hotmail.com

Upon receipt of the application, the parents will be contacted by a member of Prometheas Board within 10 days to verify the data, to answer any questions and confirm the participation in the contest.

The Hellenic Society Prometheas Inc., 6506 Bells Mill Rd, Bethesda, MD 20817, Tel. 301-229-9389

www.prometheas.org