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Friends	
of	
Polish Art	

SZOPKA COMPETITION APPLICATION

PERSONAL INFORMATION	
Name:	
Address:	
City/State/ZIP:	
Day Phone:	Evening Phone:
SZOPKA ENTRY INFORMATION	
Entry Category: Child/Youth Age: Adult	
Building(s) used as basis for your design	n:
Comments about your szopka experience	ce:
Friends	CA COMPETITION PPLICATION
•	Evening Phone:
SZOPKA ENTRY INFORMATION	
Entry Category: Child/Youth Age:	
☐ Adult	
☐ Adult	n: