

## The 10th Toyota Dream Car Art Contest Entry Form

Your entry may not be eligible in case all information are not filled, or not correct.

Age category:     under 8 years old	3-11 years old	☐ 12-	15 years	old			<b>0</b>	Γitle	of th	ne a	rtwo	rk:							
Please explain about t (What's the dream you would like "Explain in about three lines."	he concept o	of your	Drea	am C	ar yo	ou h	ave	dra	wn v	with	in th	e bo	ox be	elow	'.				
																			_
Name of the applicant     in English Alphabet	First Name		T																
Your name used in general for publications	Middle Name Family Name		$\pm$																
Age of the applicant:	D	YY			мм		D	7											
• Age: years old  • Gender of the applicar	nt: Ø Nan		aren	/_ t(s) (	or leg	J/L gal g	juar	_ diar	n of t	he a	appli	ican	t*: in	English	Alpha	bet			_
Male Female	Fi	rst Name de Name		H	Ŧ	T					Ĥ	7	$\perp$			1	Ŧ		
		ily Name											$\perp$						
Postal address: Postal Co.					$\blacksquare$	_	_	Ŧ			+	+	$\square$						
Count		+	+	+	$\Box$	$\pm$	$\pm$	$^{+}$	<u> </u>		$\pm$	+	H						
Telephone number and     Country Code Number	I Fax numbe	r (if av	ailab	le): <b>©</b>	E-m	nail a	add	ress	(if a	avail	able	:):							_
Tel:					$\mathbb{H}$	+	_	+	$\vdash$		+	+		+	+			+	+
Fax:																			_
Conditions of the	and I/We, the parent(s) 10th Toyota Dream C h the applicant's subm	ar Art Cont	est. I/We	hereby	pledge ti	ne full o	complia	ince of	all the	clauses	in the	Entry T							
Signature of the	applicant:	_	Signa	ture o	f paren	ıt(s) c	r leg	al gua	ardian	of the	e appl	icant'	':		_				
													ΥΥ			MN	,	DD	
*Note:  If parent(s) can sign, please have the parent Also, if both parents are able to exercise pa Only in the case neither parents can sign, p	rental rights, please ha			sign. In o	case only	one o	f the p	arents	is able t	lo exen		Date:		ne pare	nt's sig	,[		/	
Final submission date: 2n		16 [Fir	al Su	ubmi	ssior	n da	te]												
In case an applicant submits multiple entry, e	ach entry must be sub		an entry	form to	gether.														
Enquiries: , CSR Departm  Phone number: +(965) 1 803 803  E-mail address: csr@alsayergroup.com			up Ho	oldin	g Kı	ıwai	it Ac	lmir	nistra	ation	Off	ice d	of To	yota	a Dr	ean	n Ca	r Art	Co
	For	admin	istrat	ion u	use o	nly	(Ple	ase	do	not 1	fill in	) )							
Administration number ( filled by distributor )												ŀ	<uw:< td=""><td>ait</td><td></td><td></td><td></td><td></td><td></td></uw:<>	ait					
e category							Deal	er n	ame	•									
1) (2) (3) Date acco	epted (Please write in t MM	he Westerr D		r year.)			1	Иoh	ame	d N	aser	Al-S	Saye	er &	Sor	ns E	Est C	Co.W	/LL