



Registration Form

First Name:
Last Name:
Street & N°:
Post code:
GSM:
Email:

City:

Form to be completed, signed and returned no later than 1, June, 2022

- by email, scanned at: **pocketfilm@mda.lu**
- or by post: Maison des Associations asbl, 20, rue de Contern L-5955 Itzig, Luxembourg,

I declare:

- I have read the Rules of the Pocket Film CONTEST first edition,
- I have it signed and attached to this letter.

Date:

Signature: