

## Registration Form

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

Form to be completed, signed and returned no later than 1st July 2023

- by email, scanned at: [pocketfilm@mda.lu](mailto: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: