



## APPLICATION FORM FOR EDUCATIONAL PROGRAMS

**Title of Program:** Please check ✓ **Date of visit:** \_\_\_\_/\_\_\_\_/202\_\_\_\_ **Time:** \_\_\_\_: \_\_\_\_

- a) When Colours Seesaw   
b) The Garden with the Signals   
c) The Art of Science

- d) Cycladic Iron Idols   
e) Who is MagneTakis?

**Class:**

- Nursery/Pre School  Elementary: 1<sup>st</sup> Grade  2<sup>nd</sup> Grade  3<sup>rd</sup> Grade   
4<sup>th</sup> Grade  5<sup>th</sup> Grade  6<sup>th</sup> Grade

**Number of Students:** \_\_\_\_\_

**SCHOOL INFORMATION**

School:	
Adress:	
Telephone:	
e-mail:	
Name of Principle:	

**CHAPERONES CONTACT INFORMATION**

Name:	Tel:
Name:	Tel:
Name:	Tel:
Name:	Tel:
Name:	Tel:
Name:	Tel:

I read and agree with the terms and conditions of participation.

**Please send the application form back to :** [edu@takisfoundation.org](mailto:edu@takisfoundation.org)

Athens, / / 202

Stamp - Signature