

Application form for a Bilderbuchkino reading

Teacher/Contact Person Details:

1. Given Name: _____
2. E-Mail Address: _____
3. Cell Number: _____

School Details:

1. Name of the school: _____
2. Physical Address: _____
3. E-Mail Address: _____
4. Telephone Number: _____

Select at least one date for the Bilderbuchkino reading at your school or the Goethe-Institut Namibia:

- | | |
|---|--|
| <input type="checkbox"/> 6 th February | <input type="checkbox"/> 3 rd June |
| <input type="checkbox"/> 4 th March | <input type="checkbox"/> 1 st July |
| <input type="checkbox"/> 1 st April | <input type="checkbox"/> 5 th August |
| <input type="checkbox"/> 6 th May | <input type="checkbox"/> 2 nd September |
| <input type="checkbox"/> 7 th October | <input type="checkbox"/> 4 th November |

Date: _____

Signature: _____