**Application form for the video clip competition for the Reuchlin Year**

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| --- | --- | --- |
| 1.  | [ ]  Single person |  |
| 2. Title of video |  |
| 3. Group name |  |
| 4. Last name |  |
| 5. Date of birth |  |
| 6. Address |  |
| 7. Name and address of school or institution Institution\* | Only relevant for groups |  |
|  |
| 8. Telefone number  |  |
| 9. E-Mail |  |

[ ]  Group

By registering, I agree to the conditions of participation. I have read and understood the information regarding data protection.

Place and date Signature

Signature of legal guardian (for minors)

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