**HIPPO 2020 – 8th INTERNATIONAL COMPETITION IN ENGLISH LANGUAGE**

**ENGLISH WITHOUT BORDERS**

**INDIVIDUAL CANDIDATE APPLICATION FORM**

Please note that this form is to be used by the candidates in Cyprus and Greece.

**Cyprus -** hippo-cy@thalescyprus.com

**Greece -** hippo-gr@thalescyprus.com

**PLEASE USE ONLY English type letters
Παρακαλούμε όπως χρησιμοποιηθούν λατινικά γράμματα, δηλαδή χαρακτήρες Αγγλικής γλώσσας**

|  |  |
| --- | --- |
| NAME  |  |
| SURNAME |  |
| HOME ADDRESS |  |
| EMAIL ADDRESS AND PHONE NUMBER |  |
| SCHOOL (full name and address) |  |
| GRADE |  |
| CATEGORY (Little Hippo, Hippo 1, 2, 3, 4, 5, Special 1 & 2) |  |
| DATE OF BIRTH (dd/mm/yyyy) |  |
| How did you find about the competition? |  |
| STUDENT Identification Number (ID) |  |

**TEST CENTER (select):**

 **CYPRUS**

**GREECE**

TBA

TBA

**Payment of 15 euro per participant should be made by the deadline of 31 January 2020.**

**Please indicate the name where the invoice will be issued and where to be sent.**

**All bank expenses must be paid by the sender.**

|  |  |
| --- | --- |
| Invoice to be issued to  |  |
| Email where the invoice is to be sent |  |

Send this document to *hippo-cy@thalescyprus.com* for Cyprus.

Send this document to *hippo-gr@thalescyprus.com* for Greece.