

FRIENDS OF TRADITIONAL ARCHITECTURE **«BLOSSOMING STONES»**

APPLICATION FORM

| То: | Association «BLOSSOMING STONES» | |
|------------------|---------------------------------|--|
| SURNAME: | | |
| NAME: | | Please accept my application for participation in the 5 th Workshop for Traditional Stonemasonry, organized by your Association during 24 – 30 July 2023, in Lagadia - Arcadia. |
| OCCUPATION | N: | |
| ADDRESS: | | |
| Tel.: Mobile: | | G: I |
| | | Sincerely, |
| Email: | | Date: |
| | | The applicant |