SHOW-OFF 25

APPLICATION FORM

SECONDARY SCHOOLS

|  |  |
| --- | --- |
| **Name** |  |
| **Surname** |  |
| **Mail** |  |
| **Mobile** |  |
| **School** |  |
| **Year** |  |
| **My motto** |  |
| **I like** |  |
| **I don´t like** |  |
| **Topic number (1–6)** |  |
| **Presentation title** |  |
| **Abstract (80–100 words)** |  |