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|  | **MANGA JIMAN**  **2024 OFFICIAL ENTRY FORM**  PLEASE COMPLETE THE ENTRY FORM IN BLACK INK USING BLOCK CAPITALS. | | | | | | |
| **Title:** |  | **Forename:** |  | | **Surname:** |  |
| **Postal Address (including Postcode):** | | | | |  | | |
| **Daytime / mobile telephone number:** | | | | |  | | |
| **Email:** | | | | |  | | |
| **Social media accounts (if any):** | | | | |  | | |
| **Title of *manga* entry:** | | | | |  | | |
| **Number of pages:** | | | | | **☐ 6 ☐ 7 ☐ 8** | | |
| **What is your reference to the theme ‘Spirit’ in this *manga*?** | | | | |  | | |
| **Date of Birth (DD / MM / YYYY):** | | | | |  | | |
| **Nationality:** | | | | |  | | |
| **Under the age of 18:** | | | | | ☐ yes 　　　 ☐ no | | |
| **Signature of entrant:\*** | | | | |  | | |
| **Name of parent/guardian if entrant under the age of 18:** | | | | |  | | |
| **Signature of parent/guardian:** **\*** | | | | |  | | |
| **Relationship of parent/guardian to entrant:** | | | | |  | | |
| **Postal address of parent/guardian:** | | | | |  | | |
| **Daytime telephone number of parent/guardian:** | | | | |  | | |
| **Mobile telephone number of parent/guardian:** | | | | |  | | |
| **Email:** | | | | |  | | |

\*I accept the terms and conditions of the ***MANGA JIMAN* COMPETITION – RULES & REGULATIONS**

For queries and further details, please contact: ***MANGA JIMAN* COMPETITION** **2024**, Embassy of Japan, 101-104 Piccadilly, London W1J 7JT [t] 020 7465 6500 [e] [manga@ld.mofa.go.jp](mailto:manga@ld.mofa.go.jp) [w] www.uk.emb-japan.go.jp