To be completed by instructor

Please Circle: Mr. Mrs. Ms. Dr.

Class Grade Level(s):_____

2018 4-Koma Manga Contest Classroom Submission Form

Consulate General of Japan in San Francisco

Teachers and instructors, please read the contest rules and complete the form below. <u>Submitted Manga works will NOT be returned.</u>

Instructor Name:

School Name: _____

School Address:				
Instructor Phone:			Email:	
	class applicants:e submit <u>a list of all applica</u>		ng both t	full English & Japanese names for each
applicant.				
No.	Name	Name in Japanese	Grade	Title of 4-koma Manga
sample	Jane Smith	ジェーン・スミス	3	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

^{*}Please add additional pages if necessary.