

Questionnaire

No. _____

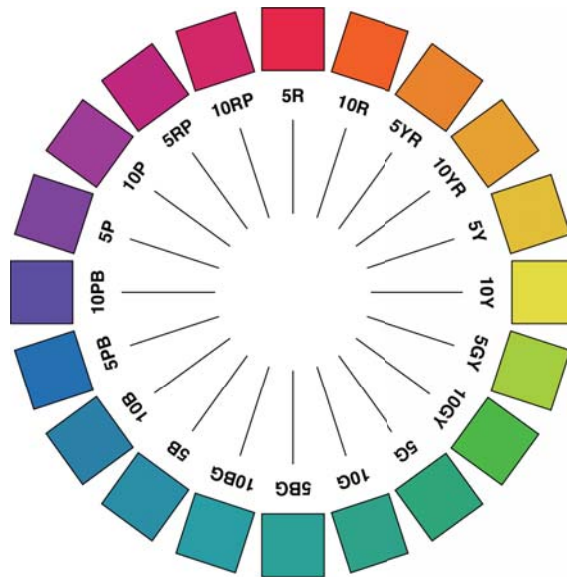
Date _____ / _____ / 2020

1) Name _____

2) Age _____

3) Gender _____

4) What is your favorite color? Please circle the color in the following figure:



*Information entered in this form, and photographs that are taken, may be published on websites, shown at exhibitions, etc.

*In this case there is a risk of contracting coronavirus (Covid-19). However, the artist cannot take any responsibility. Please sign in advance to confirm your acknowledgment of this.

Signature _____

Your cooperation would be highly appreciated.