



Binding Application Form

**Floral Installation in the urban area of the city of Děčín on the theme “My Country”  
Děčínská Kotva 2026 – Floral Gallery, 1st edition**

*(Deadline for submitting the application: March 1, 2026, via the e-mail address listed below.)*

<b>Czech Florist and Flower Growers Association</b>				
<b>Event contact: Ondřej Jambor, <a href="mailto:ondrajambo@seznam.cz">ondrajambo@seznam.cz</a></b>				
<b>Association Name</b>				
<b>Country</b>				
<b>Contact Person (First and Last Name)</b>				
<b>Email, Phone Number</b>				
<b>Team Members' Names</b>	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>			
<b>Team Leader (On-Site Contact Person)</b>				
<b>Email, Phone Number</b>				

Please provide a short text to serve as the official description of your team and installation for the public. This text will be displayed at the assigned site.

**(The text should briefly introduce the team, including the city and country they come from, and the association or organization they represent at the event. It should also include a short description of the team and their work, and conclude with a brief description of the installation they will create on site to represent their country.)**

We Confirm Our Binding Participation in the Event on:

- Installation: May 10–12
- Exhibition: May 13–17

We acknowledge that participation is at our own risk.

We acknowledge that:

- Plant and technical materials are covered by the event organizer.
- Accommodation during the installation (May 10–12) is provided by the event organizer.
- Additional budget (transport, own constructions, etc.) will be specified in February.
- The removal of the installations after the event will be carried out by the event organizer.
- If a team has its own constructions or containers, they may collect them from storage after prior arrangement with the event organizer.

We agree to photographic and media documentation of the event for the organizer's promotional purposes.

We declare that all the information provided is true and binding.

Place and Date:

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Name of Responsible Person

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Signature / Stamp

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