



## **REGISTRATION FORM**

## Personal Information: **1.** - First Name: \_\_\_\_\_\_ Last Name: \_\_\_\_\_ Other Names: \_\_\_\_\_Stage Name: \_\_\_\_\_ Date of Birth: (DD/MM/YYYY) 2. Gender: [] Male [] Female Nationality: 4. Contact Information: Phone Number(s): **Social Media Handles:** Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_ TikTok: \_\_\_\_ 5. Talent: Singing [] 4 Rapping [] 6. Name of the Zongo Community you represent: Medical Information: 9. Do you have any medical conditions that the organizers should be aware of? [] Yes [] No - If yes, please specify:

Emergency Contact Information:		
<b>10.</b> - First Name:	Last Name:	
Other Names:	Relationship:	
Phone Number(s):		
Waiver and Consent:		
11. I,	n risk. I release the or	
Signature:		
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✓ Promotion		
✓ Management Dea	al	