BROXTOWES GOT TALENT
APPLICATION FORM

NAME OF YOUR ACT

.....

AGE OR AVERAGE AGE IF GROUP .....

TYPE OF ACT (SINGER/DANCER ETC .....

NUMBER OF PEOPLE IN THE ACT (MAX 15 PERSONS) .....

BACKING REQUIRED (CD, DVD,MINI DISC ETC).....

SPECIAL REQUIREMENTS.....

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CONTACT DETAILS / PARENT OR GUARDIAN (IF UNDER AGE OF 18)

FULL NAME .....

ADDRESS .....

.....

LANDLINE ..... MOBILE .....

EMAIL ADDRESS .....

SIGNED.....DATE .....

ACCEPTANCE OF TERMS & CONDITIONS, PARENT OR GUARDIAN UNDER THE AGE OF 18.
CLOSING DATE FOR APPLICATIONS 10TH OCTOBER 2011
RETURN YOUR COMPLETED FORM TO BROXTOWES GOT TALENT
7 THE SQUARE, BEESTON, NOTTINGHAM. NG9 2JG
OR
ON LINE
www.broxtowesgottalent.org.uk

PLEASE MAKE SURE YOU ARE AVAILABLE OF ONE OF THE SEMI-FINAL DATES AND THE FINAL