



GAUTENG PROVINCE

SPORT, ARTS, CULTURE AND RECREATION
REPUBLIC OF SOUTH AFRICA

DJs REGISTRATION FORM

Name and Surname

(mark the relevant box with X)

	Male	Female	LGBTQI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ID Number			

Physical Address (Please attach proof of residence)

Contact Details

Primary Number	
Alternative Number	
Email	
Family Member Contact Number	

Current Occupation (tick the relevant box)

University Student	<input type="checkbox"/>	High School Student	<input type="checkbox"/>	Employed	<input type="checkbox"/>
--------------------	--------------------------	---------------------	--------------------------	----------	--------------------------

Details of the High School Attended

Name of High School you completed studies	
Where the School is located	
Province where the School is located	

If you are a tertiary student, kindly provide the name of tertiary institute you are currently studying at

--

Do you know how to DJ? Yes No (Tick the applicable one).

If yes please provide details below

Which equipments can you play on	
When did you learn to play	
Did you get trained at a Professional DJ school? If yes, please mention the school and attach your certified certificates.	

Contactable References

Name and Surname	Contact Details

Signature

DATE