



REGISTRATION FORM

MUSIC BUSINESS WORKSHOP

A PROGRAMME OF THE CROWN GOSPEL MUSIC AWARDS 2023

Name of the Corridor: _____

Date of the Event: _____

Title: _____ Name and Surname: _____

Gender: _____ Race (for statistical purposes) _____ Date of Birth: _____

Home Address: _____

Contact Number: _____ Alternative Contact Number: _____

E-mail Address: _____

NOTE:

- THIS FORM TO BE COMPLETED BY INDIVIDUALS BETWEEN 18 YEARS AND 40 YEARS OF AGE
- THIS FORM IS FOR REGISTRATION PURPOSES ONLY AND NOT AN ACCEPTANCE TO THE PROGRAMME
- ONLY THOSE WHO HAVE RECEIVED ACCEPTANCE WILL BE ALLOWED TO ATTEND
- THIS FORM IS FOR INDIVIDUALS AND NOT GROUPS, ASSOCIATIONS, ORGANIZATIONS OR CHOIRS

I _____ confirms
that the information provided above is true and any misrepresentation may lead to the
disqualification of my application.

Signed at _____ on this day ____ of _____ (Month) 2023.

Signature of applicant: _____