



S.E. APHRODITE VOICE
CYPRUS INTERNATIONAL VOCAL COMPETITION
APPLICATION FORM

Please fill up this form in ENGLISH and BLOCK letters

1. NAME & SURNAME of the contestant:
2. COUNTRY: PHOTO: *please attach the participant's photo*
3. DATE OF BIRTH: AGE:
(please attach a copy of ID or PASSPORT or BIRTH CERTIFICATE)
4. AGE CATEGORY (**up to 7** or **8-9** or **10-12** or **13-16** or **17-19**, **20-25** or **+26** years old):
5. E-MAIL: MOBILE NUMBER:
6. FULL NAME OF THE NOMINATED CATEGORIES & SONGS:
Pop&Rock-Blues&Jazz / Musical-Movie / Native Language / Classical / Video Production / Groups
1.
2.
3.
7. YouTube VIDEO: Please insert the YouTube Video link in the body of the email when sharing the Application form (see instructions on the competition's website under the Rules & Regulations).
8. NAME & SURNAME OF YOUR VOCAL COACH / TEACHER:
Contact mobile number: E-mail:
9. With reference to the protection of privacy, we inform the contestants that some of the above details may be used to carry out the S.E. Aphrodite Voice - Cyprus International Music competition activities which may include website and social media presence. I declare that I have read and understood the information and agree to use my personal data.

Parent Name & Surname (type name & signature)
For participants below the age of 18 years old

Participant Signature
For participants above the age of 18 years old

Notes:

- For any questions, you may contact us via WhatsApp at +35796280148.
- The application form TOGETHER with the YouTube video recording and participant photo should be sent via:
 - Email to: aphroditevoice21@gmail.com
- As soon as the application is received we will share payment details. For an application to be valid & finalized the proof of payment should be provided via email at aphroditevoice21@gmail.com
- Rules of the competition and other information can be found on the website: www.aphroditevoice.org