



**S.E. APHRODITE VOICE**  
**CYPRUS INTERNATIONAL DANCE COMPETITION**  
**APPLICATION FORM**

Please fill up this form in ENGLISH and BLOCK letters

1. NAME & SURNAME of the contestant: .....

2. COUNTRY: ..... PHOTO: *please attach participant photo*

3. DATE OF BIRTH: ..... AGE: .....  
(please attach copy of ID or PASSPORT or BIRTH CERTIFICATE)

4. AGE CATEGORY (6-8 or 9-11 or 12-14 or 15-17 or +18 years old): .....

5. E-MAIL: ..... MOBILE NUMBER: .....

6. FULL NAME OF THE NOMINATED CATEGORIES & SONGS:

Classical/Neoclassical Ballet, Contemporary/Modern, Jazz/Tap/Musical Theatre, HipHop/Breakdance, Latin/Ballroom

1. ....

2. ....

3. ....

7. HOW THE VIDEO WILL BE SENT? .....

8. NAME & SURNAME OF YOUR CHOREOGRAPHER / DANCE 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 contained and agree to the use of my personal data.

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

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Participant Signature  
*For participants above the age of 18 years old*

**Notes:**

- The application form TOGETHER with the video recording, and participant photo should be sent via either:
  - Email to: [aphroditevoice21@gmail.com](mailto:aphroditevoice21@gmail.com) or
  - <https://wetransfer.com/> or
  - WhatsApp, at telephone: +35796280148.
- As soon as the application is received we will share payment details. For an application to be valid & finalised the proof of payment should be provided via email [aphroditevoice21@gmail.com](mailto:aphroditevoice21@gmail.com) or via Whatsapp
- Rules of the competition and other information can be found on the website: [www.aphroditevoice.org](http://www.aphroditevoice.org)