



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

Please fill up this form in BLOCK letters

1. NAME & SURNAME of the contestant:
2. COUNTRY: PHOTO: *please attach participant photo*
3. DATE OF BIRTH: AGE:
(attached copy of ID or PASSPORT or BIRTH CERTIFICATE)
4. AGE CATEGORY (6-8 or 7-9 or 10-12 or 13-16 or 17-25 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 / Original / MyMusicVideo / Groups
 1.
 2.
 3.
7. HOW THE VIDEO WILL BE SENT?
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 contained and agree to the use of 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:

- The application form TOGETHER with the video recording, and participant photo should be sent via either:
 - Email to: 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 or via Whatsapp
- Rules of the competition and other information can be found on the website: www.aphroditevoice.org