



**PARTICIPANT APPLICATION FORM 2011**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Artist Name: \_\_\_\_\_

Genre: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

State of Origin: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_

Manager: \_\_\_\_\_

Agent: \_\_\_\_\_

Describe yourself in 50 words or less?

How would you describe your style of music?

Do you have any music recorded or released? If so which and where?

Are you under obligation to a record label or music production studio?

Have you ever been on television?

Do you have any special needs or medical conditions? If so which?

What/Who is your inspiration for making music?

Have you participated in any music competition/reality show before?

**Participant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENTAL CONSENT**

If you are under 18years please give this to your parent or legal guardian to sign.

I, \_\_\_\_\_, am the parent or legal guardian of  
\_\_\_\_\_

an artiste under the age of 18. By signing this form I am authorizing my child to apply for **Roc Da Mic**, a music reality TV show.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please pay your Reg. Fee of **N4000 only** at any **Oceanic Bank** Nationwide.

ACCOUNT NAME: **Zara Productions (Roc Da Mic)**

ACCOUNT NUMBER: **0058569754**

For more information, please contact us on:

08191237526 08035759928 08073397018

Questions? Go to [www.rocdamic.com.ng](http://www.rocdamic.com.ng) for details.

[www.twitter.com/rocdamic2011](http://www.twitter.com/rocdamic2011)

[www.facebook.com/rocdamic2011](http://www.facebook.com/rocdamic2011)

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[rocdamic2011@gmail.com](mailto:rocdamic2011@gmail.com)

**ROC DA MIC 2011**

**Photocopies of this form are accepted:**