



Cape Tribute Foundation Rising Star Talent Search Audition Form

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|------------------------------------|--|-----------|--|
| Full Name: | | | |
| Address: | | | |
| Email: | | | |
| Age: | | | |
| DOB: | | | |
| Home Tel: | | | |
| Day Time Tel: | | | |
| Mobile: | | | |
| Age: | | | |
| Genre of Music: | | | |
| Tell us about yourself (50 Words): | | | |
| Solo | | Duo Group | |
| Male | | Female | |
| Signed by contributor: | | Date | |