

DEPARTMENT OF YOUTH AFFAIRS AND SPORTS



**GEN Y FACTOR
REGISTRATION FORM**



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PARTICIPANT INFORMATION

First Name: _____ Initial: ____ Last Name: _____

Address: _____ School: _____

Date of Birth: _____ Gender: _____ Age: _____ District: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

Signature: _____ Date: _____

If under 18 years old, the following section must be completed by a Parent/Guardian:

GUARDIAN/PARENTS

First Name: _____ Last Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email Address: _____

I _____ hereby give permission for my son/daughter to participate in the 2017 Gen Y Factor Competition.

Signature of Parents/Guardian: _____ Date: _____

Please submit before 31st January, 2017 to:

**Department of Youth Affairs & Sports
2nd Floor, Ward's Building
Road Town, Tortola,
Virgin Islands
Tel: (284) 468-4949 or by email DYAS@gov.vg**

1. When did you recognise your ability to sing?

2. Have you performed in public?

3. When was the first time you performed in public?

4. Do you have video of you performing in public recently or as a child?

5. Who inspired you to sing?

6. Who is your favorite singing artist?

7. Which genre of music are you favorite?

8. Are there any singers/performers in your family? If so, who?

9. As it pertains to singing, where do you see yourself in 5-10 years?

10. Do you play an instrument? Will your instrument be incorporated in this performance?

I hereby confirm that all information provided here is honest and accurate. By signing this contract I agree to adhere to the rules and resolutions presented by the DYAS and to be present for all scheduled rehearsals and appearances. I understand that as a finalist I am required to be present at the announced competition venue at least three (3) hours before the published show time. Failure to adhere to the rules and regulations may result in my immediate disqualification.

Signed: _____

Date: _____