



**ECWA Got Talent Participation Form**

**GENERAL INFORMATION**

Name \_\_\_\_\_

Age \_\_\_\_\_

Tel. No \_\_\_\_\_

Email \_\_\_\_\_

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

DCC/Church \_\_\_\_\_

Tick Category of Act:  Poem/Spoken word  Comedy  Music  Dance  Drama

Name of Act (if differs from above) \_\_\_\_\_

Description of Act: \_\_\_\_\_

\_\_\_\_\_

Number of people in the Act (with names) \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT AND SIGNATURE**

By submitting this application, I/We affirm that the facts set forth in it are true and complete and I/We agree to adhere to all guidelines for the Talent show.

Name \_\_\_\_\_

Signature/date \_\_\_\_\_

*Once completed, forms are to be submitted to ECWA Television House, ECWA Headquarters No 1, Noad Avenue, Jos, Plateau state. Or scan and mail to [info@ecwatv.org](mailto:info@ecwatv.org).*