

YOD GOT TALENT



Registration Form

Please 'tick' Solo or Group Act:

Solo Act

| | |
|----------------------------------------------|-------------|
| Name of Participant: (As per NRIC) | Age: |
|----------------------------------------------|-------------|

Contact No: _____

Email Address: _____

Group Act

Name of Group leader: _____

Contact No: _____

Email Address: _____

| SN | Members of Group Act Participants (as per NRIC): | Age: |
|----|--------------------------------------------------|------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |



Description of your act:

Performance Category:

- Vocal
- Musical Instrument
- Dance
- Comedy
- Other, please specify: _____

**** A formal diagnosis of dementia is required.**