

Application to Take Part in Travers Rising Stars 2021

| | |
|------------------------|--|
| Name of Singer or Band | |
|------------------------|--|

Main Contact

| Name | Email address | Mobile No | Date of Birth |
|------|---------------|-----------|---------------|
| | | | |

| | |
|---|---|
| Resident in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO circle the answer |
|---|---|

| | |
|--|--|
| If NO to the Resident question, are you attending University, College or School in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|--|

| | |
|--|--|
| Name of University, College, or School | |
|--|--|

| Read Privacy Notice? | Read T&Cs ? | Read the Rules? | Do you or any of your Group have any criminal convictions? |
|--|--|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Circle the answer

Complete a section below for each Band Member

| Name | Email address | Mobile No | Date of Birth |
|---|--|-----------|---------------|
| | | | |
| Resident in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If you answered NO to the Resident question, are you attending University, College or School in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Name of University, College, or school | | | |

| Name | Email address | Mobile No | Date of Birth |
|---|--|-----------|---------------|
| | | | |
| Resident in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If you answered NO to the Resident question, are you attending University, College or School in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Name of University, College, or school | | | |

| Name | Email address | Mobile No | Date of Birth |
|---|--|-----------|---------------|
| | | | |
| Resident in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| If you answered NO to the Resident question, are you attending University, College or School in Leicestershire, Northamptonshire, or Rutland? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Name of University, College, or school | | | |

If you have more Band Members start another sheet.