

Registration Form



Name: _____

(If minor, Parent/Guardian name): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

e-mail: _____

Age: _____ Birthday: _____

Occupation: _____

If student, name of school _____ Grade _____

Favorite Song: _____

Hobbies or activities you enjoy: _____

Have you auditioned for previous Super Singer or Gimme The Mike programs?

Yes _____ No _____

For WKMG use: G/B _____ D _____ C/S _____ H/H _____ O _____