

APPLICATION FORM

PLEASE SUBMIT ONE FORM PER CHOIR MEMBER.

It's in your interest to provide as much information about yourself as possible and fill in all information truthfully.

Please complete the questionnaire in as much detail and as honestly as possible. Make sure that your answers are legible. This will help us process your application more quickly. You will automatically be disqualified from the selection process if it is discovered that you have deliberately been untruthful or withheld relevant information.

Please attach photo which you feel best reflects your personality.

Note that you have to be 18 years or older to apply

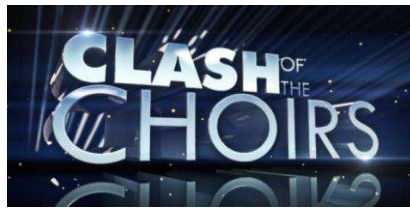
Casting Location:	
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YOUR FULL DETAILS

PRINT Full name	
Preferred name / nickname	
Age (applicants must be over 18 to apply)	
Gender	
Full address	
E-mail	
Mobile no.	
Alternative no.	
Your choir name	
How many members in your choir	
How long have you been part of the choir	
Profession	
Singing Voice	
Have you sang professionally before?	
Do you have a criminal record?	

Should you make it through to the next round, are you available between 15th January & 16th February 2013?	
Are you signed to any record label and if so who?	
Musical Qualifications – please list all	
Have you applied to, auditioned for or appeared on television before? (Please provide dates and prize, if any, where possible)	
Your character/Who you are	
Tell us about an event in your life that has influenced you strongly	

Do you have any unusual talents, an amusing hobby or any party tricks?	
Clothes Size	
Shoe Size	
FINALLY Mark your voice and self-confidence, and well as what chance you believe you have of qualifying for 'Clash of The Choirs 2012', where 5 is 'very good' and 1 is 'not good'	Voice 1 2 3 4 5 Self-confidence 1 2 3 4 5 Chance of getting on the show 1 2 3 4 5



Is there anything else you would like to tell us?

DISCLAIMER

Endemol SA is committed to equal opportunities for all, irrespective of race, colour, creed, ethnic origins, gender, marital status, sexuality, disability or age. We will monitor contributor selection with the aim of fully representing South Africa's diverse population. No one will be excluded from taking part in the programme on the grounds of race, religion, disability or sexual orientation.

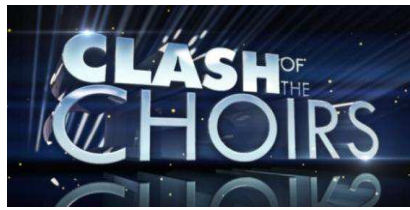
We would also like to state at this stage that receiving an application form or an audition date DOES NOT automatically mean that you will be appearing on the programme and we reserve the right at any time to stand down a PARTICIPANT, even if you have been given a recording date. Please do not contact us by phone unless you are instructed to do so.

CANDIDATE RELEASE FORM

PROGRAMME	CLASH OF THE CHOIRS HEREINAFTER CALLED THE TELEVISION PROGRAMME
NAME	HEREINAFTER CALLED THE CANDIDATE
ADDRESS	
TEL	
DATE OF BIRTH	
OCCUPATION	
AUDITION DATE	
AUDITION VENUE	

Candidate hereby declares that he / she has taken note of and agrees to the following conditions:

- The candidate hereby gives the producer unconditional permission to record his/her performance on video and audio tape and to be broadcast throughout the world in any manner on CLASH OF THE CHOIRS however often and by whomsoever without requiring remuneration for the same;
- The producer is not bound to cause the candidate's performance to be broadcast;
- The candidate shall accept every decision of the producer or his deputy and shall comply with these decisions;
- The candidate is not permitted to collaborate in any form of publicity insofar as reference is made in it to the television program, and / or to supply information about the television program and / or its production to the media.
- By signature of this form, the candidate commits to making themselves fully available for the Treatment / Performance date of CLASH OF THE CHOIRS (mutually agreed upon by the production and the candidate). Should the candidate knowingly default on this agreement and not be available on the confirmed Treatment / Performance date as set out by the producers, the candidate will be liable to carry the costs incurred by production.



- In the eventuality that my story/performance appears on the television program, I agree to make myself available for future media publicity:

Yes

No

AGREED:

THE CANDIDATE	
	SIGNATURE
DATE	
PRODUCER / DEPUTY	
	SIGNATURE