

NO:



an agency of the
Department of Sport, Arts & Culture

OKWETHU COMMUNITY ARTS FESTIVAL 2025

REGISTRATION FORM TO AUDITION

GROUP NAME: _____

NUMBER OF GROUP MEMBERS: _____

GENRE: _____

NAME OF REPRESENTATIVE: _____

ID NUMBER:

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DISTRICT:.....

LOCAL MUNICIPALITY:.....

WARD :.....

CONTACT TEL NUMBER 1: _____

CONTACT TEL NUMBER 2: _____

E-MAIL / FAX: _____

DATE: _____ **SIGNATURE:** _____

PROFESSIONAL EXPERIENCE DURING THE PAST FIVE YEARS:
