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## Enrollment Form for Audition

Name: ..... Age (Completed)..... Date of Birth.....

Son/Daughter/Wife of .....

Parish Roll No : ..... Prayer Group : .....

P.O.Box : ..... E-mail : .....

Tel:(Res)..... (Off).....

(Mob)..... (WhatsApp No.) .....

Signature:.....

Date:.....

### Expecting Time Slot

11:00 AM – 01:00 PM.....

02:00 PM – 04:00 PM.....

03:00 PM – 05:00 PM.....

Note –

Incomplete forms won't be considered for audition