



## CNMI Got Talent Application Form

Please complete this registration form and return to Bridge Capital, LLC Building, Micro Beach Road Garapan no later than the set deadline. For more information please call (670)322-2222 or email us at [talentsearch@bccnmi.com](mailto:talentsearch@bccnmi.com)

Name or Group Name: \_\_\_\_\_

**Note:** *If you are a group act, please list the following information for each member on a separate form provided with this registration form.*

*If the participant is under 18 years old (“minor”) please request for a minor participation release form.*

*All minor members of a group act will need to submit individual minor participant release form.*

Contact Person: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **TYPE OF TALENT:**

Voice: \_\_\_\_\_ Instrument: \_\_\_\_\_

Dance: \_\_\_\_\_ Special Act: \_\_\_\_\_

Solo: \_\_\_ Group: \_\_\_ Length of Act: \_\_\_\_\_ (Must not exceed 5 minutes **unless approved**).

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_



**CNMI Got Talent Application Form**  
Group form

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

---

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

---

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

---

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

---

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_ Contact No. \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Male \_\_\_ Female: \_\_\_ Age: \_\_\_\_\_ Gender: Male: \_\_\_ Female: \_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

---

---