

# GUIDE TO YOUR REGISTRATION FOR COMMUNITY TEN OVER TEN INITIATIVE 2019

This registration is for Artist in Sapele, Delta State, Nigeria, Afro, African, Caribbean, Australia, Asia, Canada, United Kingdom, United State of American South/North Worldwide.

## **HOW TO ENTER:**

STEP 1: VISIT THE WEBSITE [WWW.COMMUNITYTALENTHUNT.COM](http://WWW.COMMUNITYTALENTHUNT.COM) & [WWW.TENOVERTEN.CO.UK](http://WWW.TENOVERTEN.CO.UK)

STEP 2: DOWNLOAD THE CTOTI FORM AND READ THE GUIDE.

STEP 3: FILL IN YOUR DETAILS PLEASE USE BLACK INK, BLOCK LETTERS SIGN AND DATE.

For example: Single registration And Group registration with Leaders name and other group member names

Single Stage name or Group names: Ogbonge Doctor 10/10 or Ras Tafrai Youths Tunkan Family

Names:

First name: SIMON

Middle name: BOYITE

Surname: OLAYE

Address: 57 Yoruba Road

Local Government Area or County: Sapele

State Of Origin or City: Delta

Country of Origin:

Country of Residence:

Date of birth: 22 Febuary 1984

Place of Birth: Sapele

Contact no: +2348035039317

Email address: simon @yahoo.com

Facebook: simon olaye

Instagram: simonolayereal

Twitter: simonolayereal

Nominated Hit song: 10 Commandment

FILL ALL AREA CORRECTLY AND SIGN WITH DATE WITH one (1) PASSPORT PHOTOGRAPH ON A WHITE BACKGROUND AND CLEAR FACE. THESAME FOR ALL GROUP MEMBER REGISTRATION

### **HOW TO SUBMIT**

Scan and send complete filled sign and dated Community Ten over ten Initiative (CTOTI) Form, one (1) passport photograph, Biography and Hit song of your choice to the email below.

[contact@tenoverten.co.uk](mailto:contact@tenoverten.co.uk) , [music@tenoverten.co.uk](mailto:music@tenoverten.co.uk)

You will be contacted when all documentation is confirmed to inform you on your successful and unsuccessful application.

You will be contact when all documentation is confirmed to inform you on your Audition day.

You stand a chance to become the Community Ten over Ten Initiative (CTOTI) Winners.

Any enquires or questions Contact us.



# **RAS TAFARI YOUTHS TUNKAN (FAMILY)**

## **TEN OVER TEN POWER OF ENTERTAINMENT WORLDWIDE COMMUNITY TEN OVER TEN INITIATIVE**

**(BRINGS OUT THE TALENT IN YOU)**

**127 BEACONSFIELD STRET**

NEWCASTLE UPO TYNE

NE4 5JP

UNITED KINGDOM

Email: [contact@teoverten.co.uk](mailto:contact@teoverten.co.uk) ,

[music@tenoverten.co.uk](mailto:music@tenoverten.co.uk)

TEL: +447717864543



# 10/10

**TEN OVER TEN**  
**RADIO & TELEVISION**  
**WORLDWIDE.**



**TOP HITS SAPELE,  
DELTA, NIGERIA, AFRO,  
AFRICAN, UK & USA.  
!MUSIC AWARD!**



## **REGISTRATION FORM COMMUNITY TEN OVER TEN INITIATIVE WORLDWIDE 2019**

**FREE**

This registration is for (tick one):

a. Individual Entry

b. Group Entry

The leader of the group should complete the form, with the names of his members included in the number 1-4 section, but each member must sign and date under their names or under the number their names are fill in, and must sign and date

Name (if Group Act, you must list all member here)

Stage name of individual:.....

Stage Name  
of  
Group:.....

First name:.....

**Middle name:**.....

**Surname:**.....

1.

2.

3.

4.

**(Please print VERY clearly! PLEASE USE BLACK IN, BLOCK LETTERS SIGN AND DATE. If more than four (4) contestant in a group act, add the name and information in a separate page.**

**Address:**.....  
.....  
.....  
.....  
.....

**COUNTY or Local Government Area:**.....

**CITY or State of origin:**.....

**Date of birth:**.....

**Place of birth:**.....

**Country of Origin:**.....

**Country of Residence:**.....

**Contact cellphone number:**.....

**Email address:**.....



Ready for live performance? Yes \_\_\_\_\_ No \_\_\_\_\_

- If yes, please explain in space below (i.e., 2 tables, 1 chair, upright piano, music stand .....)
- Special setup or arrangement required? Yes \_\_\_\_\_ No \_\_\_\_\_
- (If you have any special needs or requests not listed on this form, please be sure to note that here in detail.) :

**NOTE**

**By signing and submitting this form I agree to and will adhere to the Community Ten Over Ten Initiative Rules and Regulations with (Terms and condition) and may be subject to disqualification if any are not abide by.**

\_\_\_\_\_  
(Individual signature)

\_\_\_\_\_  
(Group signature)  
LEADER

\_\_\_\_\_  
(Group signature)  
(1)

\_\_\_\_\_  
(Group signature)  
(2)

\_\_\_\_\_  
(Group signature)  
(3)

\_\_\_\_\_  
(Group signature)  
(4)

\_\_\_\_\_  
Date

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**For Office Use Only**

\_\_\_\_\_  
**Category**

\_\_\_\_\_  
**Number**

\_\_\_\_\_  
**Accepted**

\_\_\_\_\_  
**Declined**

**Reasons:**

(F) \_\_\_\_\_  
**Director signature**

\_\_\_\_\_  
**Supervisor signature**

\_\_\_\_\_



**Date.**