

Application Form Talent Show – March 19th, 2017



Dear Parents/Students,

We would like to announce that m.i.l.k. will be holding a Talent Show on Sunday, March 19th, 2017. The Talent Show is the perfect opportunity to show your abilities in front of all your friends and teachers, and show them what you've got. All talents should be seen!

Applicant's details

Applicant's name: _____

Type of the performance: _____ Title of the Show: _____

Telephone: _____ Email: _____

Address: _____

Package	Number of Performers	Audition Fee	If Selected after the Audition	Performance Fee	Duration	Tickets	Award	
<input type="checkbox"/> A	1	\$30			\$ 470	5 mins	2 tickets	✓
<input type="checkbox"/> B	2				\$ 720	5 mins	4 tickets	✓
<input type="checkbox"/> C	5				\$ 970	5 mins	10 tickets	✓
Date: March 19 th , 2017				Show time: 4:00 p.m. to 5:30 p.m.				
Theatre location: Sai Wan Ho Civic Centre, G/F, 111 Shau Kei Wan Road, Hong Kong								

If interested, please fill in the form above and submit with the required documents to **m.i.l.k. 5/F, Capital Commercial Building, 26 Leighton Road, Causeway Bay, Hong Kong** in person or by mail on or before January 13th, 2017.

Required documents:

- Application form
 - Participant's details form
 - Photocopy of HKID/Birth Certificate
 - Payment details:
 - ATM transfer to HSBC account (MANSANG INTER L K): 499 825446 838
 - Cash or EPS transfer in person
 - Cheque title: mansang interactive learning kingdom
- Cheque Number: _____ Amount paid: _____

All performers must attend the auditions on Wednesday, January 25th, 2017 from 3:00 pm to 6:00 pm at **m.i.l.k. 5/F, Capital Commercial Building, 26 Leighton Road, Causeway Bay, Hong Kong**. Each group will be given 10 minutes time slot. In order to attend the auditions please, book an appointment at 2856 9801.

Applicant's Signature: _____

Date: _____

Participant's details

Performer 1

Performer's Name: (same as HKID)	Gender: M/F
Parent's name:	Date of Birth: ___ dd ___ mm _____ yy
Parent's contact e-mail:	
Parent's contact number:	

Performer 2

Performer's Name: (same as HKID)	Gender: M/F
Parent's name:	Date of Birth: ___ dd ___ mm _____ yy
Parent's contact e-mail:	
Parent's contact number:	

Performer 3

Performer's Name: (same as HKID)	Gender: M/F
Parent's name:	Date of Birth: ___ dd ___ mm _____ yy
Parent's contact e-mail:	
Parent's contact number:	

Performer 4

Performer's Name: (same as HKID)	Gender: M/F
Parent's name:	Date of Birth: ___ dd ___ mm _____ yy
Parent's contact e-mail:	
Parent's contact number:	

For more than four participants please write the names on separate sheet and staple it to the application form.