

SOUNDS OF HEALING LYRICS COMPETITION ENTRY FORM



Name: _____

Address: _____

Address: _____

City, Country, Postal code: _____

Email: _____

Tel: _____

Age: _____

Preferred Pronouns: _____

Student? If yes; where and what level: _____

Profession: _____

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Name printed: _____

All in capital letters First Name, Last Name (As it appears on official paperwork/passport)

Your nickname: _____

Date: _____

Please email this completed form to info@gatc.org on or before January 19, 2021