

NAME:		
SCH00L:		
AGE:	DATE OF BIRTH: (DD/MM/YYYY):	
PARENT/GUARDIAN NAME:		
PHONE:	EMAIL:	
SCHOOL CONTACT NAME:		
PHONE:	EMAIL:	
SONG: (no longer than 5 minutes please)		
Please note you will be asked to provide a copy of yo	our backing track 5 days prior to the event.	
WILL YOU BE PLAYING AN INSTRUMENT:_		
TELL US A BIT ABOUT YOURSELF AND YO	UR MUSICAL INSPIRATIONS:	

By nominating for Pitch Perfect the competitor agrees he/she has not had major market radio airplay, a recording contract with an independent, major national, or multi-national label, or a management or agency contract. The competitor agrees to represent the act as named on this entry form. All prizes, individual and school, are non-transferable and non-redeemable for cash.





hereby give permission for		
to take part in the 2023 Pitch Perfect vocal competition at Casuarina Square Shopping Centre on Saturday 17 June 202		
mages/vision can be used in marketing materials for the Darwin Turf Club (DTC) including: Darwin Turf Club website, social media, print and broadcasting advertising and news content.		
All images become the property of the DTC and may be passed on to media to use only in conjunct advertising which directly promotes the DTC and its events.	ion with articles and	
Please complete the below permission prior to involvement in the Pitch Perfect vocal competition.		
(Please print)		
CONTESTANT NAME:		
PARENT/GUARDIAN NAME:		
SIGNED:DATE:		
EMAIL:		
PHONE:		

Note: Signatories must be 18 years or over.

