



NADESHICON IDOL AUDITIONS

INFORMATIONS CONCERNING THE CANDIDATE

Nickname:

Name:

Please indicate which of your nickname or name you would want us to use during the show.

Age: *(if under 14 years old, the parent consent form must also be provided)*

City:

Email :

Cellphone/Phone number:

Song:

Artist:

Anime/Game (if applicable) :

« In the event that I would perform in the auditions and in the finale, I agree to have my performances recorded and possibly broadcasted online or on DVD, without any compensation, financial or otherwise. »

I agree with the above terms and conditions.

Date :