

Registration Form

Indian Classical Dance Festival, Khajuraho

(Dance Event: To conserve, promote and develop the Indian's culture)

An event of Environment and Social Welfare Society, Khajuraho

Email: eswsociety320@gmail.com Website: <http://www.godavariacademy.com> Mobile: 09425143654

Name of Artist.....

Mother's Name.....

Father's Name.....

Date of Birth.....

Title of Event.....

Duration of performance please tick 10 minute [] 20 minute []

Type of performance please tick Solo [] Duets [] Group Maximum 4-5 []

If group please indicate number of artist []

Name of Group leader.....

Name of associate artist.....

Correspondence address House No.....

Street No.....

Tahseel/Taluk.....

District.....

State.....

Postal code.....

Corresponding Mobile Number.....

Corresponding E. mail ID.....

Identity card of artist. Aadhar card/ Voter ID/ Passport (please enclose).....

Consent & Identity card of Guardian (please enclosed).....

Theme (In 100 words).....

Date.....

Full Name of Artist & Signature

Full Name of Guardian & Signature