



PACE EXPRESSIONS

(Professionals in Children Events and Entertainment Services)

Picture of the
member

Personal Data Form

Name (Surname first): _____ Sex: _____

Date of birth: _____ Age: _____ Highest level of education: _____

Nationality: _____ State: _____ City/Town _____

Residential Address: _____

Hobbies: _____ Additional Skills: _____

Family Information

Name of Parents/Guardian: _____

Phone Number: _____ E-mail: _____

Relationship with child/ward: _____

Residential Address: _____

Office Address: _____

Nationality: _____ State: _____ City/Town _____

Additional Information (if any): _____

Declaration (If child/ward is below 18 years)

I, Mr./Mrs. _____ hereby certify that the above information is correct and that my child/ward _____ (Name of child/ward) has my permission to participate in the activities of PACE Expressions.

Date: _____ Signature: _____

For Official Use Only

Form fee paid: ____ (3,500 Naira: 3,271 Naira fee, 229 Naira VAT (7%)) Cash payment: ____ Bank transfer payment: ____

Participation Approved/Disapproved: _____ Area of Participation: _____

Remarks: _____ Date: _____ Signature: _____