

SAY ALL CITY MUSIQ AWARDS

(2nd Edition)

FILL IN THE GAPS BELOW

Sir Name..... First Name.....

Stage Name..... Gender.....

Contact..... Genre Of Music.....

Email Address..... Residential Address.....

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Hometown..... Date Of Birth.....

Category..... Song (If required).....

Year started doing music.....

Signature/Thumbprint.....

After filling you are required to send it back to MC BRA BOGA through WhatsApp on 0547758078

GOOD LUCK 🍀🍀🍀