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........................................

...........................................................................

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 🤝🤝🤝🤝