



Game of Stars

Registration Form

- ✓ Filling this form indicates all consent to participate in the Game of Stars show
- ✓ You must be between the age of 17years and 43years to participate in the game
- ✓ You must be willing and ready to travel and lodge in the house for at least 2 weeks and maximum 2 months for Game of Stars show.
- ✓ Accommodation and Feedings of housemate is the responsibility of Game of Stars organizers.
- ✓ Filling this form means you have a ticket (Only approved tickets are processed)
- ✓ 2 persons should not have one (1) ticket (Only successful payment confirms a ticket legitimacy)

CANDIDATE INFORMATION

Name (Surname First): _____

Mobile Phone Number(s): _____

Email: _____

Marital Status: _____

Sex: _____

Date of Birth: _____

Address: _____

L.G.A (Origin): _____

State (Origin): _____

National ID (Nationals outside Nigeria , Affix International Passport Number

NIN:

Ticket Number

Passport

Photograph

Next of Kin: Name: _____

Next of Kin Phone: _____

Next of Kin Email: _____

Emergency Contact, Name: _____

Emergency Contact, Phone: _____

Emergency Contact, Email: _____