



2007



APPLICATION FORM

PLEASE COMPLETE YOUR APPLICATION IN BLOCK CAPITALS

▼ FULL NAME _____ AGE DOB

▼ ADDRESS _____ HOME TEL _____
 _____ DAYTIME TEL _____
 _____ MOBILE TEL _____

▼ POSTCODE _____ OCCUPATION _____

▼ EMAIL _____ NATIONALITY _____

▼ ADDITIONAL CONTACT _____ DAYTIME TEL _____

▼ HAVE YOU AUDITIONED FOR THE X FACTOR BEFORE? YES NO

▼ ARE YOU A... SOLO ARTIST GROUP NAME OF GROUP _____

▼ DESCRIBE YOURSELF/YOUR GROUP IN TEN WORDS _____

▼ WHY SHOULD WE PICK YOU? _____

▼ IF SUCCESSFUL, WHERE WOULD YOUR PREFERRED AUDITION BE? (TICK ONE)
 LONDON BIRMINGHAM CARDIFF GLASGOW MANCHESTER BELFAST SHEFFIELD

APPLICANTS MUST BE 14 YEARS OLD OR OVER ON APRIL 1ST 2007

HAVE YOU READ AND SIGNED THE REVERSE AND ATTACHED A PHOTOGRAPH?

