



ROSHANCARE FOUNDATION

JHOOM BEATS TALENT SHOW

(Participation Form)

Please fill the form and send it to info@roshancare.org
Upon receipt of your form we will send confirmation on your item.

NAME OF SCHOOL: -----

NAME OF GROUP: -----

ITEM TYPE: *DANCE *VOCAL *FOLK *INSTRUMENTAL *OTHER

TYPE OF ITEM: *CLASSICAL *TRADITIONAL *BOLLYWOOD

CHOREOGRAPHER NAME: -----

CHOREOGRAPHER CREDENTIALS: -----

TIME DURATION: (IN MINUTES): -----

AGE OF THE PARTICIPANTS: -----

NUMBER OF PARTICIPANTS: -----

NAME OF THE PARTICIPANTS

SONG NAME: -----

SONG MOVIE NAME: -----

CLASSICAL RAAG: -----

YOUTUBE VIDEO CLIPS LINK FOR THE ITEM: -----

DESCRIPTION OF THE ITEM: -----

MYTHOLOGICAL SIGNIFICANCE -----

DANCE SCHOOL DESCRIPTION: -----

AWARDS AND ACHIEVEMENTS: -----

PARTICIPANTS CREDENTIALS: -----