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**ANTIGUA BARBUDA FESTIVALS COMMISSION
 APPLICATION FOR JUNIOR CALYPSO MONARCH COMPETITION:
 (TO BE COMPLETED IN DUPLICATE)**

NAME: _____

SOBRIQUET: _____

EMAIL ADDRESS: _____

DOB: DD / MO / YR AGE: _____ SEX: _____ SCHOOL: _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____

NAME OF PARENT OR GUARDIAN: _____

ADDRESS: _____

CONTACT NUMBERS: _____ (H) _____ (W) _____ (C)

CATEGORY; 5 - 12 YEARS 13-19 YEARS

SONG TITLE: _____ SONG TITLE: _____

NAME OF COMPOSERS: _____ NAME OF COMPOSERS: _____

I HEREBY ATTEST AND DECLARE:

- 1. THAT THE AFOREMENTIONED IS TRUE AND CORRECT AND I AM TO PROMPTLY SUBMIT SATISFACTORY PROOFS OF SAME INCLUDING MY AGE.**
- 2. I HAVE NOT YET ATTAINED MY TWENTIETH (20TH) BIRTHDAY AND I SHALL NOT DO SO BEFORE AUGUST 31ST 2018.**
- 3. THAT I HAVE NOT ENTERED INTO ANY AGREEMENT THAT PROHIBITS ME FROM SUCCESSFULLY MAKING THIS APPLICATION.**
- 4. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS.**
- 5. ALL APPLICANTS MUST PRESENT A PASSPORT OR A BIRTH CERTIFICATE ALONG WITH A PICTURE ID**

I ALSO UNDERSTAND THAT THE NATIONAL FESTIVALS OFFICE RESERVES THE RIGHT TO REFUSE MY APPLICATION AND THAT ANY FALSE OR MISREPRESENTATION I HAVE MADE IS SUFFICIENT GROUNDS FOR MY DISQUALIFICATION FROM THIS COMPETITION.

APPLICANT'S SIGNATURE

WITNESS

PARENT OR GUARDIAN'S SIGNATURE

WITNESS

.....**FOR OFFICIAL USE ONLY**.....

RECEIVED ON BEHALF OF ABFC: _____
SIGNATURE

DD / MO / YR
DATE

