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**ANTIGUA BARBUDA FESTIVALS COMMISSION
APPLICATION FOR 2020 CALYPSO MONARCH COMPETITION:
(TO BE COMPLETED IN DUPLICATE)**

NAME:

SOBRIQUET:

ADDRESS:

CONTACT NUMBERS:

EMAIL ADDRESS:

DOB: AGE: SEX: OCCUPATION:

EMPLOYER: ADDRESS:

PLACE OF BIRTH: CITIZENSHIP: ID TYPE & NUMBER:

TENT AFFILIATION:

COMPOSERS NAME:

NAME OF COMPOSITIONS INTENDED TO BE PERFORMED (IF KNOWN AT TIME OF APPLICATION):

1: _____ 2: _____

I HEREBY ATTEST AND DECLARE:

- 1. THAT THE AFOREMENTIONED IS TRUE AND CORRECT.**
- 2. THAT I HAVE NOT ENTERED INTO ANY AGREEMENT THAT PROHIBITS ME FROM PARTICIPATING IN THIS EVENT.**
- 3. AGREE TO APPEARING IN A CALYPSO TENT FOR AT LEAST FOUR (4) WEEKS**
- 4. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS.**
- 5. I HAVE RECEIVED FROM THE ANTIGUA & BARBUDA FESTIVALS COMMISSION ALL RULES AND CRITERIA WHICH ARE APPLICABLE TO THE CALYPSO MONARCH COMPETITION.**

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

APPLICANT'S SIGNATURE

DD / MO / YR

DATED:

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

RECEIVED ON BEHALF OF ABFC: _____
SIGNATURE

DD / MO / YR

DATE:

