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ANTIGUA & BARBUDA FESTIVALS COMMISSION
2020 INDIVIDUAL MAS REGISTRATION FORM:
(To be completed in duplicate)

NAME OF INDIVIDUAL: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

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

THEME OF MAS: _____

DESIGNER OF THE MAS: _____

CATEGORIES THEME:

- | | | | |
|--------------------|------|----------------------|------|
| 1. HISTORICAL | ---- | 4. ORIGINAL FANTASY: | ---- |
| 2. CULTURAL | ---- | 5. TRADITIONAL | ---- |
| 3. TOPICAL FANTASY | ---- | 6. ADVERTISING | ---- |

I HEREBY ATTEST AND DECLARE:

1. THAT THE AFOREMENTIONED IS TRUE AND CORRECT AND I AM TO PROMPTLY SUBMIT SATISFACTORY PROOFS OF THE ABOVE.
2. THAT I HAVE NOT ENTERED INTO ANY AGREEMENT THAT PROHIBITS MY MAS BAND FROM SUCCESSFULLY MAKING THIS APPLICATION.
3. THREE OR MORE INDIVIDUALS WILL CONSTITUTE A COMPETITION. TWO OR LESS INDIVIDUALS REGISTERED WILL ONLY RECEIVE APPEARANCE PRIZES.
4. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS IN THE MAS RULES & REGULATIONS

I ALSO UNDERSTAND THAT THE ANTIGUA & BARBUDA FESTIVALS COMMISSION 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.

 SIGNATURE OF LEADER

DD / MO / YR
 DATE:

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

RECEIVED ON BEHALF OF ABFC: _____
 SIGNATURE

DD / MO / YR
 DATE