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**ANTIGUA BARBUDA FESTIVALS COMMISSION
 2020 APPLICATION FOR J'OUVERT BAND:
 (TO BE COMPLETED IN DUPLICATE)**

NAME OF COMPANY / BAND _____

MAILING ADDRESS: _____

PHYSICAL LOCATION OF COMPANY / BAND: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

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

ANTICIPATED NUMBER EXPECTED TO BE A PART OF THE J'OUVERT BAND: _____

DESCRIPTION OF J'OUVERT BAND: (SEE ATTACHED FORM)

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 J'OUVERT BAND FROM SUCCESSFULLY MAKING THIS APPLICATION.
3. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS.

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.

 SIGNATURE OF LEADER

DD / MO / YR
 DATE

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

RECEIVED ON BEHALF OF ABFC: _____
 SIGNATURE

DD / MO / YR
 DATE