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**ANTIGUA BARBUDA FESTIVALS COMMISSION
2020 JUNIOR CARNIVAL SCHOOL REGISTRATION FORM:
(TO BE COMPLETED IN DUPLICATE)**

NAME OF SCHOOL: _____

MAILING ADDRESS: _____

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

CONTACT PERSON(S): _____

NUMBER OF PERSONS IN JR. MAS BAND _____

BUILDER OF MAS: _____

CATEGORIES THEME:

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

REGISTRATION DEADLINE:

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. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS.**

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

SIGNATURE OF TEACHER / PRINCIPAL

DD / MO / YR
DATE

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

RECEIVED ON BEHALF OF ABFC: _____
SIGNATURE

DD / MO / YR
DATE

