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**ANTIGUA BARBUDA FESTIVALS COMMISSION  
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 \_\_\_\_\_

**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

