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ANTIGUA & BARBUDA FESTIVALS COMMISSION
2020 APPLICATION FOR MONDAY WEAR:
 (TO BE COMPLETED IN DUPLICATE)

NAME OF COMPANY _____

TYPE OF BUSINESS: _____

ADDRESS: _____

CONTACT PERSON; _____

EMAIL ADDRESS; _____

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

COMPANY REPRESENTATIVE _____

DESCRIPTION OF MONDAY WEAR: _____

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 ME FROM SUCCESSFULLY MAKING THIS APPLICATION.
3. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS AS SET OUT ON THE REVERSE SIDE OF THIS APPLICATION FORM

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