



Pigotts Mall, Redcliffe Street,
P.O.Box 1650, St. John's, Antigua
T: 1.268.462.0194 462.4707 F: 1.268.462.9286
E: abfestivals@ab.gov.ag
www.abfestivals.com



**ANTIGUA & BARBUDA FESTIVALS COMMISSION
2020 APPLICATION FOR PARTY MONARCH COMPETITION:
(To be completed in duplicate)**

NAME:

SOBRIQUET:

ADDRESS:

CONTACT NUMBERS:

EMAIL ADDRESS:

DOB: AGE: SEX: OCCUPATION:

EMPLOYER: ADDRESS:

PLACE OF BIRTH: CITIZENSHIP: ID TYPE & NUMBER:

GROOVY COMPETITION – TRACK No: _____ JUMPY COMPETITION – TRACK No: _____

SONG TITLE: _____ SONG TITLE: _____

NAME OF COMPOSITOR: NAME OF COMPOSITOR:

I HEREBY ATTEST AND DECLARE:

- 1. THAT THE AFOREMENTIONED IS TRUE AND CORRECT.**
- 2. THAT I HAVE NOT ENTERED INTO ANY AGREEMENT THAT PROHIBITS ME FROM PARTICIPATING IN THIS EVENT.**
- 3. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS.**
- 4. I HAVE RECEIVED FROM THE ANTIGUA & BARBUDA FESTIVALS COMMISSION ALL RULES AND CRITERIA WHICH ARE APPLICABLE TO THE PARTY MONARCH COMPETITION.**

I ALSO UNDERSTAND THAT THE ANTIGUA & BARBUDA FESTIVAL COMMISSION RESERVES THE RIGHT TO REFUSE MY APPLICATION AND THAT ANY FALSE STATEMENTS OR MISREPRESENTATION I HAVE MADE IS SUFFICIENT GROUND FOR MY DISQUALIFICATION FROM THIS COMPETITION.

APPLICANT'S SIGNATURE

DD / MO / YR
DATED

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

RECEIVED ON BEHALF OF ABFC: _____
SIGNATURE

DD / MO / YR
DATE