



**The National
Carnival Commission**

Route Registration Form - JUNIOR PARADE

ORGANIZATION

Name of Band/Organisation: _____

Estimated amount of Masquaraders: _____

Is the majority of masquaraders over or under 6 years old? _____

Date of Registration: _____

Theme of the Band: _____

BANDLEADER

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

DESIGNER

First Name _____ Last Name _____ Full Name _____

Address Line _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

ASSISTANT BANDLEADER

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

ROAD MANAGER

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

ASSISTANT ROAD MANAGER

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

SECURITY MANAGER

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

ASSISTANT SECURITY MANAGER

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

EMERGENCY POINT OF CONTACT

First Name _____ Last Name _____ Full Name _____

Address _____

Country _____

Phone 1 _____ Location _____ Phone 2 _____ Location _____

PROPOSED STARTING POINT

OTHER INFORMATION

Is your band/organisation part of any Association?

Yes ____ No ____