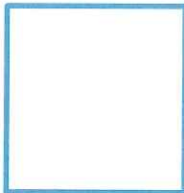




NATIONAL CARNIVAL COMMISSION
CARNIVAL 2019
SENIOR BANDS – REGISTRATION



GENERAL INFORMATION

Please Print In Block Letters

NAME OF BAND: _____

MAS CAMP ADDRESS: _____

EMAIL: _____ PHONE: _____

BANDLEADER: _____

EMAIL: _____ PHONE: _____

DESIGNER: _____ PHONE: _____

NAME OF PAYEE: _____ PHONE: _____

BAND AFFILIATIONS: TTCBA NCBA NCDF NONE OTHER SPECIFY: _____

COMPETITION DETAILS

MONDAY: STARTING POINT _____ STARTING TIME: _____

TUESDAY: STARTING POINT: _____ STARTING TIME: _____

SIZE OF BAND MINI (11 TO 50) SMALL (51-250) MEDIUM (251-600) LARGE (OVER 600)

PRESENTATION: _____

CATEGORY (PLEASE TICK ONE ONLY)

AFRICAN HISTORY AUTHENTIC INDIAN FANTASY FANCY INDIAN

FANCY SAILOR HISTORICAL ORIGINAL TOPICAL

TRADITIONAL/OLE TIME CARNIVAL

SYNOPSIS SUBMITTED: YES NO

- I HEREBY CONFIRM THAT:
1. I AM DULY AUTHORIZED TO COMPLETE THIS FORM.
 2. THE INFORMATION STATED IN THIS FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.
 3. I HAVE ATTACHED ALL THE RELEVANT DOCUMENTS IN SUPPORT OF THIS APPLICATION AS REQUIRED BY THE NCC'S RULES AND REGULATIONS.
 4. I HEREBY AGREE ON BEHALF OF MYSELF AND ALL MEMBERS OF THE BAND TO ADHERE TO AND COMPLY WITH THE RULES AND REGULATIONS AS LAID DOWN BY THE NATIONAL CARNIVAL COMMISSION (A COPY OF WHICH I HAVE RECEIVED) AND ADHERE TO SANCTIONS THEREIN CONTAINED.

NAME OF PERSON REGISTERING _____

SIGNATURE OF PERSON REGISTERING _____

DATE _____

FOR OFFICAL USE ONLY

ALL INFORMATION WAS CLEARLY WRITTEN: YES NO

REGISTRATION OFFICER

DATE



NATIONAL CARNIVAL COMMISSION
CARNIVAL 2019
BAND DATA FORM



GENERAL INFORMATION

Name of Band: _____

Mas Camp Address: _____

Email: _____

Phone: _____

Bandleader: _____

Address: _____

Email: _____

Phone: _____

Road Manager: _____

Phone: _____

Head of Security: _____

Phone: _____

Size: _____

Average No. of Persons: _____

No. of Sections: _____

No. of Trucks: _____

Music: _____

Food: _____

Drink: _____

Toilets: _____

Utility: _____

Any Other: _____

Lunch Venue: _____

Est. Time for Lunch: _____

DECLARATION: I _____ certify that the information provided is true and correct to the best of my knowledge and belief.

Bandleader

Road Manager

Head of Security

FOR OFFICAL USE ONLY

Number of Vehicles approved:

Music _____

Food _____

Drink _____

Toilets _____

Utility _____

Any Other _____

Authorized Signature

Date:

Official Stamp



NATIONAL CARNIVAL COMMISSION
CARNIVAL 2019



**BANDS
SYNOPSIS**

NAME OF ORGANISATION: _____

BAND PRESENTATION: _____

CATEGORY: _____ BAND SIZE: _____

CONCEPT: _____

NAME OF SECTIONS

1. _____

09. _____

2. _____

10. _____

3. _____

11. _____

4. _____

12. _____

5. _____

13. _____

6. _____

14. _____

7. _____

15. _____

8. _____

16. _____

RELATION TO THEME: _____

BASIC COLOURS: _____

NAME OF BANDLEADER

DATE



NATIONAL CARNIVAL COMMISSION
CARNIVAL 2019
NEW AWARDS – REGISTRATION
JUNIOR AND SENIOR



KING/QUEEN

INDIVIDUAL

BAND

NAME OF COMPETITOR/BAND: _____

PORTRAYAL/PRESENTATION: _____

BEST INDIGENOUS AWARD

THIS IS BEING INTRODUCED TO INCENTIVIZE THE USE OF LOCAL TALENT, INDUSTRY AND MATERIALS. IT WILL BE AWARDED IN BOTH JUNIORS AND SENIORS CATEGORY IN ALL AREAS. COSTUME SHOULD HAVE ABOUT 30% ON INDIGENOUS MATERIAL.

LIST OF INDIGENOUS MATERIALS: BAMBOO, CALABASH, JUMBIE BEADS, DONKEY EYE, REEDS, DRIED FLOWERS, MUD, PITCH, LEAVES ETC.

'D' GREEN AWARD

THIS AWARD SEEKS TO PROMOTE AWARENESS OF THE ENVIRONMENT AND REWARDS THE USE OF RE-USED AND/OR RE-CYCLED/UP CYCLED MATERIALS. IT WILL LOOK AT THE ABILITY OF BANDLEADERS TO USE FOUND MATERIALS THAT DAMAGE THE ENVIRONMENT TO MAKE ART. THE JUDGE WILL ALSO LOOK AT IF THE BAND, INDIVIDUALS LEAVE GARBAGE AFTER THEIR PRESENTATION (I.E. CONFETTI).

INNOVATION AWARD

THIS AWARD SEEKS TO ENCOURAGE NEW AND INNOVATIVE WAYS OF PRESENTING THE MASQUERADE IN TERMS OF MATERIALS SUED, PRESENTATION AND PORTRAYAL OF A THEME.

NAME OF PERSON REGISTERING

DATE