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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.
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Name of Person Registering: ____________________________
Signature of Person Registering: ________________________
Date: ________________________
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Name of Parent/Guardian: ____________________________________________
Signature of Parent/Guardian: _________________________________________
Date: __________

COMPETITION DETAILS

Date of Birth: ___________________________ (dd/mm/yy) Age Group:  □ 5-7  □ 8-11  □ 12-17
Portrayal: ___________________________________________________________
Band Presentation: __________________________________________________
Category (Please tick one Only):
□ African  □ Creative  □ Creative Topical  □ Fantasy  □ Fancy Indian
□ Fancy Sailor  □ Historical  □ Original  □ Traditional /Ole Time Carnival
Synopsis Submitted:  □ Yes  □ No

Cheque Payable To: __________________________________________________
Phone: __________________________
Email: ____________________________________________________________
Phone: __________________________
Email: ____________________________________________________________
Affiliations:  □ NCBA  □ NCDF  □ TTCBA  □ None

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Name of Parent/Guardian: ____________________________________________
Signature of Parent/Guardian: _________________________________________
Date: __________

NATIONAL CARNIVAL COMMISSION
CARNIVAL 2020
JUNIOR KINGS /QUEENS — REGISTRATION — NON SCHOOL

□ King  □ Queen
Name of Competitor: __________________________________________________
Parent/Guardian: ____________________________________________________
Address: __________________________________________________________
Parent ID# __________________________ Email: __________________________ Phone: __________________________
Name of Band: ______________________________________________________
Mas Camp Address: __________________________________________________
Email: __________________________ Phone: __________________________
Designer’s Name: ____________________________________________________
Email: __________________________ Phone: __________________________
Affiliations:  □ NCBA  □ NCDF  □ TTCBA  □ None
Cheque Payable To: __________________________________________________
Phone: __________________________
Email: ____________________________________________________________
Phone: __________________________
Email: ____________________________________________________________
Mas Camp Address: __________________________________________________
Name of Competitor: King □  Queen □
Parent/Guardian: ____________________________________________________
Email: ____________________________________________________________
Phone: __________________________
 Email: ____________________________________________________________
Name of Parent/Guardian: ____________________________________________
Signature of Parent/Guardian: _________________________________________
Date: __________
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Name of Parent/Guardian: ____________________________
Signature of Parent/Guardian: _________________________
Date: ____________________________

NATIONAL CARNIVAL COMMISSION
CARNIVAL 2020
JUNIOR KINGS / QUEENS - REGISTRATION - SCHOOL

Name of Competitor: ____________________________

Parent/Guardian: ____________________________

Address: ______________________________________

Parent ID# __________________ Email: ____________________________ Phone: _________________________

Name of Band: ____________________________

Mas Camp Address: ____________________________

Email: ____________________________ Phone: _________________________

Designer’s Name: ____________________________

Email: ____________________________ Phone: _________________________

Affiliations:  □ NCBA  □ NCDF  □ TTCBA  □ None

Cheque Payable To: ____________________________

Phone: _________________________

Date of Birth: ____________________________ (dd/mm/yy) Age Group: □ 5-7 □ 8-11 □ 12-17

Portrayal: ____________________________

Band Presentation: ____________________________

Category (Please tick one Only):

□ African  □ Creative  □ Creative Topical  □ Fantasy  □ Fancy Indian

□ Fancy Sailor  □ Historical  □ Original  □ Traditional/Ole Time Carnival

Synopsis Submitted: □ Yes  □ No

COMPETITION DETAILS

Name of Band: ____________________________

Cheque Payable To: ____________________________

Phone: _________________________

Email: ____________________________

Designer’s Name: ____________________________

Email: ____________________________

Affiliations:  □ NCBA  □ NCDF  □ TTCBA  □ None

Name of Parent/Guardian: ____________________________
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Name of Parent/Guardian: ____________________________________________
Signature of Parent/Guardian: ____________________
Date: ____________________

Boy □ Girl □

Name of Competitor: ____________________________________________
Parent/Guardian: ____________________________________________
Address: ______________________________________________________
Parent ID# ____________________ Email: ____________________ Phone: ____________________

Name of Band: ____________________________________________
Mas Camp Address: ____________________________________________
Email: ____________________ Phone: ____________________

Designer’s Name: ____________________________________________
Email: ____________________ Phone: ____________________

Affiliations: □ NCBA □ NCDF □ TTCBA □ None
Cheque Payable To: ____________________________________________
Phone: ____________________

Date of Birth: ____________________ (dd/mm/yy) Age Group: □ 1-5 □ 6-10 □ 11-17

Portrayal: ______________________________________________________
Band Presentation: ____________________________________________
Category (Please tick one Only):

- □ African
- □ Creative
- □ Creative Topical
- □ Fantasy
- □ Fancy Indian
- □ Fancy Sailor
- □ Historical
- □ Original
- □ Traditional/Ole Time Carnival

Synopsis Submitted: □ Yes □ No

COMPETITION DETAILS

Name of Competitor: ____________________________________________
Parent/Guardian: ____________________________________________
Address: ______________________________________________________
Parent ID# ____________________ Email: ____________________ Phone: ____________________

Name of Band: ____________________________________________
Mas Camp Address: ____________________________________________
Email: ____________________ Phone: ____________________

Designer’s Name: ____________________________________________
Email: ____________________ Phone: ____________________

Affiliations: □ NCBA □ NCDF □ TTCBA □ None
Cheque Payable To: ____________________________________________
Phone: ____________________

Date of Birth: ____________________ (dd/mm/yy) Age Group: □ 1-5 □ 6-10 □ 11-17

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Band Presentation: ____________________________________________
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- □ Traditional/Ole Time Carnival

Synopsis Submitted: □ Yes □ No

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### COMPETITION DETAILS

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- [ ] Fancy Indian
- [ ] Fancy Sailor
- [ ] Historical
- [ ] Original
- [ ] Traditional/Ole Time Carnival

Synopsis Submitted: [ ] Yes [ ] No

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