



NATIONAL CARNIVAL COMMISSION

CARNIVAL 2020

JUNIOR BANDS - REGISTRATION-NON-SCHOOL

Competition Status: Competing Non Competing

Size of Band: Mini (11 to 40) Small (41-90) Medium (91-150) Large (Over 150)

Name of Band:

Mas Camp Address: _____

Email: _____ Phone: _____

Bandleader Name: _____

Mas Camp Address: _____

Email: _____ Phone: _____

Designer's Name: _____

Email: _____ Phone: _____

Band Affiliations: NCBA NCDF TTCBA None

Cheque Payable To:

Phone: _____

COMPETITION DETAILS

Presentation: _____

Category (Please tick one Only):

<input type="checkbox"/> African	<input type="checkbox"/> Creative	<input type="checkbox"/> Creative Topical	<input type="checkbox"/> Fantasy	<input type="checkbox"/> Fancy Indian
<input type="checkbox"/> Fancy Sailor	<input type="checkbox"/> Historical	<input type="checkbox"/> Original	<input type="checkbox"/> 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





NATIONAL CARNIVAL COMMISSION CARNIVAL 2020 JUNIOR KINGS /QUEENS -REGISTRATION-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: _____

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

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Name of Parent/Guardian

Signature of Parent/Guardian

Date





NATIONAL CARNIVAL COMMISSION CARNIVAL 2020 JUNIOR - COUPLES — REGISTRATION

Boy Girl

Name of Competitor:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent/Guardian:

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Address: _____

Email: _____ Phone: _____

Name of Competitor:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent/Guardian:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address: _____

Email: _____ Phone: _____

Name of Band/School:

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Address: _____

Email: _____ Phone: _____

Designer's Name: _____

Email: _____ Phone: _____

Affiliations: NCBA NCDF TTCBA None

Cheque Payable To:

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Phone: _____

COMPETITION DETAILS

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

Portrayal: _____

Band Presentation _____

Category (Please tick one Only):

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Fancy Sailor Historical Original Traditional/Ole Time Carnival

Synopsis Submitted Yes No

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Name of Parent/Guardian

Signature of Parent/Guardian

Date

