

FOR OFFICIAL USE ONLY

Registration No: _____

Name of the Registration Officer: _____

Remarks: _____

Authorized Signature

Date



**NATIONAL CARNIVAL COMMISSION
CARNIVAL 2020
SENIOR QUEENS -REGISTRATION**

Queen

Name of Competitor:

Address: _____

Email: _____ Phone: _____

Name of Band:

Address: _____

Email: _____ Phone: _____

Designer's Name: _____

Email: _____ Phone: _____

Affiliations: NCBA NCDF TTCBA None

Cheque Payable To:

Phone: _____

COMPETITION DETAILS

Portrayal: _____

Band Presentation _____

Construction Site: North East Central South Tobago

Category (Please tick one Only):

- African Creative Creative Topical Fantasy Fancy Indian
 Fancy Sailor Historical Original

Synopsis Submitted: Yes No Skills 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*



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NATIONAL CARNIVAL COMMISSION
CARNIVAL 2020
SENIOR BAND DATA FORM

Competition Status: Competing Non Competing

Size of Band: Mini (11 to 50) Small (51-250) Medium (251-600) Large (Over 600)

Name of Band:

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

Mas Camp Address: _____

Email: _____ Phone: _____

Bandleader Name: _____

Mas Camp Address: _____

Email: _____ Phone: _____

Road Manager: _____

Email: _____ Phone: _____

Head of Security: _____

Email: _____ Phone: _____

Average No. of Persons _____ No. of Sections: _____

No. of Trucks: _____ Music: _____ Food: _____ Drinks: _____ 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



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Number of Vehicles Approved:

Music: _____ Food: _____ Drink: _____ Toilets: _____ Utility: _____

Any Other: _____

Authorized Signature

Date

Name of the Registration Officer: _____

