



TRINIDAD AND TOBAGO CARNIVAL BANDS ASSOCIATION AND NATIONAL CARNIVAL COMMISSION

CARNIVAL 2022

TRADITIONAL INDIVIDUALS - REGISTRATION



Male Female

All competitors MUST be vaccinated. Vaccination card MUST be presented upon registration.

Name of Competitor: [Grid]

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Band: [Grid]

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Designer's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Affiliations: NCBA NCDF TTCBA None

Cheque Payable To: [Grid]

Phone: \_\_\_\_\_

COMPETITION DETAILS

Portrayal: \_\_\_\_\_

Category (Please tick one Only):

- Authentic Indian, Burroquite, Fancy Indians, Jamette, Midnight Robber, Bat, Clown, Gorilla, Minstrels, Soumayree, Baby Doll, Devil & Demons, Imps, Moko Jumbie, Black Indian, Dame Lorriane, Jab Molassie, Pierrot Grenade, Bookman, Fancy Sailor, Jab Jab

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 TTCBA's and 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 Trinidad and Tobago Carnival Bands Association and the National Carnival Commission (a copy of which I have received) and adhere to sanctions therein contained.

Name of Person Registering

Date



**FOR OFFICIAL USE ONLY**

Registration No: \_\_\_\_\_

Name of the Registration Officer: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*