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**ANTIGUA BARBUDA FESTIVALS COMMISSION
 APPLICATION FOR KING AND QUEEN OF THE MAS BAND COMPETITION:
 (TO BE COMPLETED IN DUPLICATE)**

NAME OF MAS BAND: _____

NAME OF BAND LEADER: _____

EMAIL ADDRESS: _____

CONTACT NUMBERS: _____ (H) _____ (W) _____ (C)

MAILING ADDRESS: _____

PHYSICAL LOCATION OF MAS HOUSE: _____

NAME OF PERSON PARTICIPATING WITHIN COSTUME: _____

CATEGORY: KING OF THE BAND QUEEN OF THE BAND

NAME OF COSTUME; _____

DESIGNER OF COSTUME; _____

CATEGORIES THEME:

- | | | | |
|--------------------|------|----------------------|------|
| 1. HISTORICAL | ---- | 4. ORIGINAL FANTASY: | ---- |
| 2. CULTURAL | ---- | 5. TRADITIONAL | ---- |
| 3. TOPICAL FANTASY | ---- | 6. ADVERTISING | ---- |

DESCRIPTION OF COSTUME: _____

I HEREBY ATTEST AND DECLARE:

- 1. THAT THE AFOREMENTIONED IS TRUE AND CORRECT AND I AM TO PROMPTLY SUBMIT SATISFACTORY PROOFS OF THE ABOVE.**
- 2. THAT I HAVE NOT ENTERED INTO ANY AGREEMENT THAT PROHIBITS MY MAS BAND FROM SUCCESSFULLY MAKING THIS APPLICATION.**
- 3. I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS AS SET OUT ON THE REVERSE SIDE OF THIS APPLICATION FORM.**

I ALSO UNDERSTAND THAT THE ANTIGUA BARBUDA FESTIVALS COMMISSION RESERVES THE RIGHT TO REFUSE MY APPLICATION AND THAT ANY FALSE OR MISREPRESENTATION I HAVE MADE IS SUFFICIENT GROUNDS FOR MY DISQUALIFICATION FROM THIS COMPETITION.

SIGNATURE OF LEADER

DD / MO / YR

DATE:

.....**FOR OFFICIAL USE ONLY**.....

RECEIVED ON BEHALF OF ABFC: _____

SIGNATURE

DD / MO / YR

DATE

