



# National Carnival Committee

www.SKNCarnival.com

The E C Daniel Building , Cayon Street Basseterre  
Tel: 869-466-0057 / 466-0058 Email: info@skncarnival.com



## REGISTRATION FORM B — SKNNCC NATIONAL CARNIVAL QUEEN PAGEANT

| PERSONAL INFORMATION   |                             |                      |   |
|--|-----------------------------|----------------------|---|
| Candidate's Complete Name: (First, Middle Initial, Last):                  |                             |                      | Date:   |
| Date of Birth: (dd/mm/yy)  | Current Place of Residence: |                      | Your Age by date of this Event:<br>_____ yrs _____ months |
| Home #:  | Work #:                     | Cell #:              |   |
| Email Address: Write clearly to receive communications in a timely manner: |                             |                      |   |
| Contact Person in the event of an Emergency:                               |                             | Emergency Contact #: |   |

Having signed and submitted this document, (Form B) to the St. Kitts Nevis National Carnival Committee, I am confirming that I have submitted accurate information on all application forms

It also means that I have read and agree to comply with the Rules and Regulations outlined in the Policy Statement for the National Carnival Queen Pageant.

|  |   |
|--|---|
| Candidate Signature:                     | Date:   |
| Name of Parent/Guardian (if applicable): | Signature of Parent/Guardian (if applicable): |

### DO NOT WRITE BELOW THIS LINE

|  |                            |
|--|----------------------------|
| Name of Office Attendant Receiving Form: | Date of Receipt of Form B: |
| Office Signature:                        | Application #              |

