



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 SWIMSUIT 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: _____ 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 Swimsuit 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 #

