



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 A – SKNNCC NATIONAL CARNIVAL MR. SUGARMAS COMPETITION

PERSONAL INFORMATION

Candidate's Complete Name: (First, Middle Initial, Last):			Date: / _ /	
Date of Birth: (dd/mm/yy) _____ / _____ / _____	St. Kitts/Nevis Citizen YES <input type="radio"/> NO <input type="radio"/>	Age:	_____ yrs _____ months	
	St. Kitts/Nevis Legal Resident YES <input type="radio"/> NO <input type="radio"/>			
Current Place of Residence:	Highest Academic Qualification:	Name of School/Place of Employment:		
Home #:	Work #:	Cell #:		
Email Address:		Name and Number of contact person in the event of an Emergency:		
Have you ever participated in similar Competitions before? If YES, please list: _____, _____, _____		List three adjectives that one would use to describe you: _____, _____, _____		
Weight (lbs):	Height: (feet/inches)	Shirt Size:	Shoe Size:	Pant Size:

Company Sponsor (if applicable):	
Hobbies:	
Social Media Account (s):	
Name(s) of Coach(es)	

Upon submission of this form the following items/documents are required to be submitted also:

- Birth Certificate
- Valid Police Certificate
- 2 Photos of Interested Candidate: 1 Full Length Swimwear Shot, 1 Head Shot

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 A:
Office Signature:	Application

ALL REGISTRANTS MUST BE MALE