Route Registration Form - JUNIOR PARADE

ORGANIZATION

Name of Band/Organisation: __________________________________________________________

Estimated amount of Masquaraders: ________________________________________________

Is the majority of masquaraders over or under 6 years old? __________________________

Date of Registration: ________________________

Theme of the Band: ________________________

BANDLEADER

First Name ___________________ Last Name ___________________ Full Name__________________

Address ________________________________________________________________

Country _________________________

Phone 1 __________ Location _________ Phone 2 __________ Location _________

DESIGNER

First Name ___________________ Last Name ___________________ Full Name__________________

Address Line ______________________________________________________________

Country _________________________

Phone 1 __________ Location _________ Phone 2 __________ Location _________
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<thead>
<tr>
<th>Role</th>
<th>First Name</th>
<th>Last Name</th>
<th>Full Name</th>
<th>Address</th>
<th>Country</th>
<th>Phone 1</th>
<th>Location</th>
<th>Phone 2</th>
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<td>SECURITY MANAGER</td>
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ASSISTANT SECURITY MANAGER
First Name ___________________ Last Name ___________________ Full Name ___________________

Address ________________________________________________________________
Country __________________________
Phone 1 ___________ Location ___________ Phone 2 ___________ Location ___________

EMERGENCY POINT OF CONTACT
First Name ___________________ Last Name ___________________ Full Name ___________________

Address ________________________________________________________________
Country __________________________
Phone 1 ___________ Location ___________ Phone 2 ___________ Location ___________

PROPOSED STARTING POINT
_________________________________________________________________________________

OTHER INFORMATION
Is your band/organisation part of any Association?

Yes _____ No____