



**CCF QUEEN OF THE BAND  
REGISTRATION FORM 2017**

Name of Queen: .....

Name of Band: .....

Mas Camp Location: .....

Portrayal: .....

.....  
(Please attach description of portrayal to registration form)

E-mail: .....

Facebook: .....

Participating in Exhibition: Yes ( ) No ( )

Contact No: ..... Cell: .....

Signature of Competitor: ..... Date: .....

**ALL FEES ARE NON-REFUNDABLE**

**SECRETARIAT USE ONLY**

**REGISTRATION FEE: \$50.00**

**RECEIVED ( )**

**Received by ..... DATE: .....**