



CCF KING OF THE BAND
REGISTRATION FORM 2017

Name of King:

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: