

An individual or group of performers can enter no more than one entry in any category.

CLASS	CATEGORY	NUMBER		TITLE OF ENTRY	NAME OF PERFORMER(S) <small>*If there are more than two (2) names, complete this section on the Participants' Data Form</small>	COMPOSER / ARRANGER
		M	F			

DECLARATION I acknowledge on behalf of my group, all the rules and regulations governing the Festival of the Arts Competition. To the best of my knowledge, all the information contained on this entry form is true. I accept the decision of the adjudicators as final.

This declaration must be signed by:

(a) An adult over 19 with responsibility for this application **Signature:** _____

(b) The Principal or Leader of the group **Signature:** _____

Date: _____

CONTACT JCDC

JCDC Head Office : 3-5 Phoenix Ave, Kingston 10, JAMAICA

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MUSIC

Entry Form

Please fill out form in **BLOCK CAPITALS ONLY** and return in duplicate

Parish Zone

APPLICANT INFORMATION

1. Name of School/Group/ Individual/Studio	<input type="text"/>
2. Address of School/Group/ Individual/Studio	<input type="text"/>
3. Phone & Fax Number	<input type="text"/>
4. Name of Leader / Teacher	<input type="text"/>
5. Personal Address	<input type="text"/>
6. Phone & Cell Number	<input type="text"/>
7. Email Address	<input type="text"/>

8. Are you entering the competition for the first time?	If yes, how did you hear about JCDC?	If no, how many years have you been entering the Festival?
<input type="text" value="YES"/> <input type="text" value="NO"/>	<input type="text"/>	<input type="text"/>

ATTACHMENTS Pink Participants Data Form Sheet Music / Score (if applicable)

JCDC OFFICIAL USE

Name and Signature received by	Entrant No. ____/____/____/ Date:
Name and Signature certified by:	

