



The Department of Trade and Consumer Affairs

Solomon Arcade, Main Street, Charlestown Telephone: (869) 469 5521 Ext 6530/31

Application Form for Video and Oratorical Contest:

NAME: _____

Address: _____

Community/Parish:

St. Paul St. John St. George St. James St. Thomas

AGE: _____

DATE OF BIRTH: _____

GENDER:

MALE FEMALE

EMAIL ADDRESS: _____

TELEPHONE NUMBER (WhatsApp/Cell number): _____

INDICATE TYPE OF VIDEO:

SKIT OTHER: _____
 MUSICAL
 SPOKEN WORDS

PARENTAL CONSENT:

Parents and/or Guardians, please fill in the relevant information below and **type or sign** your name by the signature line.

I, _____, grant permission for my child/ ward, _____, to submit this Video Competition to enter the Department of Trade and Consumer Affairs Video and Oratorical Contest with the view that if the child is selected as one of the top five he/she will participate in the speech contest. I also grant the department staff permission to contact us at the Contact Details provided above should he/she be selected for the Stage 2 of the Competition.

Signature: (type or sign)

Date:
