



**MINISTRY OF YOUTH, SPORTS & CULTURE
YOUTH DIVISION
P. O. BOX n-4891
Nassau, Bahamas
Tel.: 502-0600/5 FAX: 328-8038**

NATIONAL YOUTH BAND APPLICATION FORM

PLEASE PRINT

1. Name of Band _____
2. Island _____ P. O. Box _____
3. Name of Band Director -----
4. Telephone Contact (Home) _____ (Work) _____
5. E-mail Address _____ Fax _____

(PLEASE TICK APPROPRIATE BOX)

6. TYPE OF BAND

School **Church** **Community** **Marching**

Orchestra/Concert **Pop**

7. Date on which your Band was formed _____
8. How often does the Band meet? Day(s) _____ Time _____
9. Where does the Band practice? _____
10. Number of Members in the Band _____
11. Name of Band Officers:
Name _____ Position _____
Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

12. Is the group uniformed? _____

13. Tick the age range of your members?

Under 12 13-19 20-25 Over

14. Are your members all MALES FEMALES MIXED

15. How many males are in the band? _____

16. How many females are in the band? _____

17. Number of instruments in the band _____

18. Number of additional instruments required _____ (attach list)

19. Where does the band perform, how often and at what functions?

20. What constituency does the band operate from?

21. Please attach your band's aim(s) and objectives

Applicant's Signature

Position

Date

Upon completion of this application, all bands are asked to return this form to the Ministry of Youth, Sports and Culture Head Office, New Providence. Administrators Office in the Family Islands, or the Ministry of Youth, Sports and Culture, Freeport, Grand Bahama Office.

Only bands that are registered and have been in existence for 12-18 months, will be eligible for Government Grants.