



BERMUDA INTERNATIONAL TOWN CRIER COMPETITION

April 21 – 26, 2015

City of Hamilton, BERMUDA

REGISTRATION FORM

Town Crier Name: _____

Representing City/Town/Country: _____

Mailing Address: _____

Contact No. Home: _____ Cell: _____

Email: _____

Escort Name (if attending): _____

It is agreed that the above-named Town Crier shall be committed to attend and participate in the International Town Crier Competition in Bermuda, April 21 – 26, 2015.

A deposit of \$100 is required to secure your space. This will be returned to you in Bermuda dollars upon arrival to the island. There is a maximum capacity of participants that will be permitted on a first come, first serve basis.

Town Crier Signature:

Date: _____

For Use by City of Hamilton – Administration

Application approved – YES / NO If no why

Paid Receipt #: _____ Date: _____

Signature: _____