

**2024 School's National Carnival Tassarama Competition of
Trinidad & Tobago**

REGISTRATION FORM – SECONDARY SCHOOLS

NAME OF SCHOOL _____
(BLOCK LETTERS)

SCHOOL ADDRESS: _____

NAME OF TEACHER/PRINCIPAL/PARENT: _____

CONTACT# _____ Email _____

NAME OF STUDENTS:-

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

OTHER NAMES: _____

DECLARATION:

I/We hereby confirm that the above information is correct and true to the best of my knowledge.

Signature
Parent/Teacher/Principal

Date