



CENTRAL BANK OF
TRINIDAD & TOBAGO
AUDITORIUM

APPLICATION FORM



Name of Applicant :	
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Address:	

Name of Production :	
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Details of Production :	

Performance Date/s :		Show Time:	<i>Mon - Sat</i>		<i>Sunday</i>	
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Load In Date/s :		Rehearsal Date/s :	
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Box Office Required :	<i>Yes</i>		<i>No</i>		Box Office Date/s :	
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Contact Person #1:	
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Telephone No :		Mobile No :	
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Email Address :		Fax Number :	
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Contact Person #2:	
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Telephone No :		Mobile No :	
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Email Address :		Fax Number :	
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Date of Application :		Signature of Applicant	
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FOR OFFICIAL USE ONLY			
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Approved :		Not Approved :	
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