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| --- | --- | --- | --- |
| Participant Information: | | | |
| Full Name |  | | |
| Organization |  | | |
| Cell Phone |  | Email |  |
|  |  |  |  |
| |  | | --- | | Category of Participation (Please select one) | | | | |
| * + Tribal or Ethnic Representation   + Independent Organization or Corporation   + Matching Bands and Drummers | | | |
| Tribal or Ethnic Representation: | | | |
| * Tribe/Ethnicity: * Express Authority from Cultural Institution: (Yes/No) * Number of Participants: * Description of Performance or Showcase:  |  | | --- | | Independent Organization or Corporation: | | * + Organization Name:   + Type of Organization:   + Description of Participation or Showcase:   + Number of Participants:  |  | | --- | | Marching Band and Drummers: | | * + Band/Drummers Name:   + Number of Members:   + Type of Performance:   **Additional Information:**  Briefly describe why you want to participate in the Elgon Festival and how did you hear about the festival?  **Terms & Conditions: By submitting this registration form, I acknowledge that:**  Participation in the Elgon Festival is subject to approval by the organizing committee.   * I will comply with all festival rules and regulations. * The festival organizers reserve the right to refuse or cancel participation without explanation.   I confirm that all information provided is accurate and complete to the best of my knowledge.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Participant's Signature)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)  Please submit your completed registration form to the event coordinators:  Mr. Jeff Situma: Email: stumajef@gmail.com | Tel: +256 772 191 261  Ms. Priscilla Mungoma: Email: pmungoma@hotmail.com | Tel: +256 700 303 317  **Thank you for your interest in participating in the Elgon Festival 2024!** | | | | | |