



# MINISTRY OF TOURISM

Telephone: (242) 356-3280/1 or 326-5179/326-6183

Fax: (242) 325-3412

## APPLICATION FOR REGISTRATION

Please use BLOCK CAPITALS

FEES: \$50 \_\_\_ \$100 \_\_\_ \$300 \_\_\_

### CERTIFICATIONS

Customer Service \_\_\_

BahamaHost – General (\$100) \_\_\_

Tour Guide - Basic (\$100) \_\_\_

Product Training \_\_\_

BahamaHost – Recertification (\$50) \_\_\_

Tour Guide -Master \_\_\_

Leadership Excellence Program \_\_\_

BahamaHost - Schools \_\_\_

### PERSONAL INFORMATION (PLEASE PRINT AND USE ALL CAPS)

MALE: \_\_\_

FEMALE: \_\_\_

Name: \_\_\_\_\_

First Name

Middle Initial

Last Name

Address: \_\_\_\_\_

House No.

Street Name

City/Town

Island

P.O. Box: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Company Name

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_

MM

DD

YYYY

City/Country

Nationality \_\_\_\_\_ Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_

### EDUCATIONAL BACKGROUND (LAST HIGH SCHOOL ATTENDED)

NAME OF HIGH SCHOOL	HIGH SCHOOL ADDRESS	FROM	TO
		YEAR	YEAR

### POST SECONDARY QUALIFICATIONS

NAME OF INSTITUTION	FROM	TO	HIGHEST QUALIFICATION RECEIVED
	YEAR	YEAR	

### FOR OFFICIAL USE ONLY

DAY \_\_\_ EVENING \_\_\_ VENUE \_\_\_\_\_ FEE: \_\_\_\_\_ DATE \_\_\_\_\_

SESSION NO: \_\_\_\_\_ Signature: \_\_\_\_\_

INDUSTRY TYPE: \_\_\_\_\_ RECEIPT \_\_\_\_\_

REGISTRATION FEE NON REFUNDABLE