



MINISTRY OF TOURISM & AVIATION

Telephone: (242) 397-2441 Fax: (242) 325-3412
APPLICATION FOR REGISTRATION



Please Print (Block Letters – All Caps)

Name: (Ms./Mrs./Mr.) _____
First Name Middle Initial Last Name

Date of Birth: ____/____/____ Gender: Male ☐ Female ☐
DD MM YYYY

Address: _____
Street Address City Island

P.O. Box: _____ Email Address: _____

Home Phone: _____ Business Phone _____ Cell Phone: _____

Employer: _____
Company Name

LEVEL OF EDUCATION COMPLETED

Primary School ☐ High School ☐ College/University ☐ Post Graduate ☐

(REGISTRATION FEE NON-REFUNDABLE)
Payment of receipt is valid for (6) months ONLY from the date applied

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

MORNING ☐ EVENING ☐ VENUE _____ SESSION # _____ INDUSTRY TYPE: _____

FEE PAID: _____ DATE _____ RECEIPT # _____ ADMIN SIGNATURE: _____

BAHAMAHOST GENERAL ☐ BAHAMAHOST RECERTIFICATION ☐ BAHAMAHOST SEMINAR ☐

TOUR GUIDE TRAINING ☐

BAHAMAHOST CORE VALUES

PROFESSIONALISM, AUTHENTICITY, INTEGRITY, RELATIONSHIP BUILDING, EXCELLENCE