



62nd Australian National Square Dance Convention

Thursday 24 – Monday 28 June 2021

Please complete both pages and
click on the **SUBMIT FORM** on page 2

Registration Form, page 1 of 2. Please complete using **- BLOCK LETTERS** and **TICK APPROPRIATE BOXES**.

PRIMARY REGISTRATION DETAILS

| | | | | | | | |
|---|----------------------|--|----------------------------|-----------------------------|-----------------------------|------------------------------|-------------------------------|
| Family Name _____ | Preferred Name _____ | MS <input type="checkbox"/> | P <input type="checkbox"/> | A1 <input type="checkbox"/> | A2 <input type="checkbox"/> | Rds <input type="checkbox"/> | Clog <input type="checkbox"/> |
| Postal Address _____ | | Please tick sessions you are likely to attend | | | | | |
| Town/City _____ | State _____ | Postcode _____ | | Country _____ | | | |
| Preferred Phone Number (including country code) _____ | | No of dancers on this form attending their first convention <input type="checkbox"/> | | | | | |
| Primary email contact _____ | | | | | | | |

Male Female

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Indication
of gender is
optional and
is used only
for statistical
analysis

ADDITIONAL ADULT REGISTRATION DETAILS – DANCER/NON-DANCER

| Family Name | Preferred Name | Email | Non-dancer | MS | P | A1 | A2 | Rds | Clog |
|-------------|----------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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YOUNGER ATTENDEE DETAILS – CHILD MINDING/JUNIOR DANCERS

(up to and including 17 years of age at time of Convention)

| Family Name | Preferred Name | Age as at 24/6/2021 | Child Minding | | Dancer | |
|-------------|----------------|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Yes | No | Yes | No |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Child minding will only be available at evening sessions from 7pm. Closing date for child minding registrations 28/2/2021.

Please complete both sides of this form. If you are using EFT as a payment method please copy EFT receipt and email The Registrar, 62nd Australian National Square Dance Convention, Kaye Chandler at tassquare@bigpond.com.au

ADMINISTRATION USE ONLY

| | | | | |
|--------------------------------------|--|-------------------------------------|--------------------------------------|---|
| Receipt No/s _____ | Date _____ | Amount \$ _____ | Registration No/s _____ | Area _____ |
| Caller/Cuer <input type="checkbox"/> | Younger Attendees <input type="checkbox"/> | Child Care <input type="checkbox"/> | Dressed Set <input type="checkbox"/> | Advertising <input type="checkbox"/> |
| | | | | Booth <input type="checkbox"/> |
| | | | | First Convention <input type="checkbox"/> |

CALLER/CUER REGISTRATION – CLOSING DATE 31/1/2021

Registration is a prerequisite to applying to Call/Cue, but that does not confirm any entitlement

Name of Caller/Cuer _____

I would like to register for the following *(please tick appropriate boxes)*

| | | | |
|------------|--------------------------|--------------------|--|
| Mainstream | <input type="checkbox"/> | I am available for | |
| Plus | <input type="checkbox"/> | All dance sessions | <input type="checkbox"/> |
| A1 | <input type="checkbox"/> | OR | |
| A2 | <input type="checkbox"/> | Thursday night | <input type="checkbox"/> Sunday afternoon <input type="checkbox"/> |
| Rounds | <input type="checkbox"/> | Friday afternoon | <input type="checkbox"/> Sunday night <input type="checkbox"/> |
| Clogging | <input type="checkbox"/> | Friday night | <input type="checkbox"/> Monday morning <input type="checkbox"/> |
| MC Duties | <input type="checkbox"/> | Saturday afternoon | <input type="checkbox"/> Monday afternoon <input type="checkbox"/> |
| | | Saturday night | <input type="checkbox"/> Monday night <input type="checkbox"/> |

I acknowledge that I may be programmed at any time on my nominated days and that my allocation of calls/cues may be reduced if not available for all sessions.

Please indicate PREFERRED MEDIA

Vinyl ☐ Mini Disc ☐ 3.5mm (1/8) line in ☐ USB ☐

I would like to be considered for a duet with _____

Expressions of interest to register for the Dressed Set Parade – Closing Date 30/4/2021

Name of Club _____

Club Caller _____

Contact details _____

The club caller will be contacted to collect details in preparation for the Dressed Set Parade

Expression of interest as a Volunteer during this event. We will contact you if required.

- ☐ Marshal (assist with Round Ups and filling squares)
- ☐ Hosting (assist preparing refreshments, tea/coffee stations)
- ☐ Greeters (welcome & farewell dancers at each session)
- ☐ Others (including assembling and distribution of registration packets, decorating, running errands)

Name _____

Name _____

Name _____

I am a qualified First Aid Officer and will be available to render help if required

Name _____

TICKETING

Type the Number (No.) and hit enter for automatic calculation

| Adult Registration | No. | @ | COST | TOTAL |
|--------------------------|-------|---|-------|-------|
| Early Bird by 30/9/2020 | _____ | @ | \$120 | _____ |
| General by 28/2/2021 | _____ | @ | \$145 | _____ |
| Late from 1/3/2021 | _____ | @ | \$165 | _____ |
| Younger Attendees | | | | |
| Junior Dancer | _____ | @ | \$60 | _____ |
| Child Minding | _____ | @ | \$60 | _____ |
| Advertising (full page) | _____ | @ | \$50 | _____ |
| Booth Space | _____ | @ | \$50 | _____ |

Total Payment **\$A** _____

Welcome Sunset (complimentary) No. People _____

PAYMENT METHOD

☐ EFT

Transfer funds to 62nd ANSDC, Suncorp Bank

BSB 484799 Account No 606899587

Reference Registration Surname, Initial and State

EFT Receipt No _____ Date _____

Please copy EFT receipt and email to tassquare@bigpond.com.au

☐ Credit/Debit Card (Visa or Mastercard only)

Name on card _____

Card No. _____

Expiry date __/__/__ CWV Code ____

Signature _____

Please note:

- Per delegate cancellation fee \$A10
- Cheque dishonour fee \$A40