

PRIMARY REGISTRATION DETAILS

Family Name _____ Preferred Name _____

Postal Address _____

Town/City _____ State _____ Postcode _____ Country _____

Preferred Phone Number (including country code) _____

Primary email contact _____

MS P A1 A2 Contra Rds Clog

Please tick sessions you are likely to attend

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Male Female

□ □

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

ADDITIONAL ADULT REGISTRATION DETAILS – DANCER/NON-DANCER

[illegible]

□ □

□ □

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YOUNGER ATTENDEE DETAILS – CHILD MINDING/JUNIOR DANCERS

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

[illegible]

Child minding may only be available at **XXXXX** sessions

Please attach any notes applicable to child minding, eg additional activities and health forms

Please complete both sides of this form. Return it with a copy of your EFT receipt/cheque/money order to:

Position title, Name, xx ANSDC, PO Box xxxx, City, State, Postcode

Or scan and email the form with the EFT receipt details to: _____ email address

ADMINISTRATION USE ONLY

Receipt No/s _____ Date _____ Amount \$ _____ Registration No/s _____ Area _____

Caller/Cuer ☐
 Younger Attendees ☐
 Child Care ☐
 Dressed Set ☐
 Advertising ☐
 Booth ☐

CALLER/CUER REGISTRATION – CLOSING DATE xx/xx/20xx

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"/>	Night day 1	<input type="checkbox"/> Afternoon day 4 <input type="checkbox"/>
Rounds	<input type="checkbox"/>	Afternoon day 2	<input type="checkbox"/> Night day 4 <input type="checkbox"/>
Clogging	<input type="checkbox"/>	Night day 2	<input type="checkbox"/> Afternoon day 5 <input type="checkbox"/>
Contra	<input type="checkbox"/>	Afternoon day 3	<input type="checkbox"/> Night day 5 <input type="checkbox"/>
MC Duties	<input type="checkbox"/>	Night day 3	<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

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

Adult Registration	No.	@	COST	TOTAL
cut off date 1	_____	@	\$	_____
cut off date 2	_____	@	\$	_____
cut off date 3	_____	@	\$	_____
Younger Attendees				
Junior Dancer	_____	@	\$	_____
Child Minding	_____	@	\$	_____
Advertising (full page)	_____	@	\$	_____
Booth Space	_____	@	\$	_____
Additional tables	_____	@	\$	_____
Postage (if applicable)	_____	@	\$	_____

Total Payment **\$A** _____

PAYMENT METHOD

- ☐ Cheque/Money Order made payable to XX ANSDC
- ☐ EFT Receipt No _____ Date _____

Transfer funds to XX ANSDC, Suncorp Bank

BSB 484799 Account No 000 000 000

Reference Registration Surname, Initial and State

Please attach a copy of the EFT receipt to this completed registration form

- ☐ Credit/Debit Card (Visa or Mastercard only)
Name on card _____
Card No. _____
Expiry date __/__/__ CVW Code ____
Signature _____

Please note:

- Per delegate cancellation fee \$A_____
- Cheque dishonour fee \$A_____