



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	P	A1	A2	Rds	Clog
				Please tick sessions you are likely to attend					
Postal Address	_____			☐	☐	☐	☐	☐	☐
Town/City	_____	State	_____	Postcode	_____	Country	_____		
Preferred Phone Number (including country code)	_____			No of dancers on this form attending their first convention ☐					
Primary email contact	_____								

Male Female

☐ ☐

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
_____	_____	_____	☐	☐	☐	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐	☐	☐	☐

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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
_____	_____	_____	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐

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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	☐	Younger Attendees	☐	Child Care	☐	Dressed Set	☐	Advertising	☐
								Booth	☐
								First Convention	☐

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	☐	I am available for	
Plus	☐	All dance sessions	☐
A1	☐	OR	
A2	☐	Thursday night	☐ Sunday afternoon ☐
Rounds	☐	Friday afternoon	☐ Sunday night ☐
Clogging	☐	Friday night	☐ Monday morning ☐
MC Duties	☐	Saturday afternoon	☐ Monday afternoon ☐
		Saturday night	☐ Monday night ☐

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