



# 62nd Australian National Square Dance Convention

Thursday 24 – Monday 28 June 2021

Registration Form, page 1 of 2. Please complete using a black or blue pen, 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. Return it with a copy of your EFT receipt/cheque/money order to: The Registrar, 62nd Australian National Square Dance Convention, Kaye Chandler, PO Box 294, Glenorchy, TAS, 7010

Or scan and email the form with the EFT receipt details to: 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"/>	<b>OR</b>	
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**

Adult Registration	No.	@	COST	TOTAL
Early Bird by 30/6/2020	_____	@	\$120	_____
General by 28/2/2021	_____	@	\$145	_____
Late from 1/3/2021	_____	@	\$165	_____
<b>Younger Attendees</b>				
Junior Dancer	_____	@	\$60	_____
Child Minding	_____	@	\$60	_____
Advertising (full page)	_____	@	\$50	_____
Booth Space	_____	@	\$50	_____

**Total Payment** **\$A** \_\_\_\_\_

**Welcome Sunset (complimentary) No. People** \_\_\_\_\_

**PAYMENT METHOD**

- ☐ Cheque/Money Order made payable to 62nd ANSDC
- ☐ EFT Receipt No \_\_\_\_\_ Date \_\_\_\_\_

Transfer funds to 62nd ANSDC, Suncorp Bank

**BSB 484799 Account No 606899587**

**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 \_\_/\_\_/\_\_ CWV Code \_\_\_\_
- Signature \_\_\_\_\_

**Please note:**

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