

63rd AUSTRALIAN NATIONAL SQUARE DANCE CONVENTION
20th to 24th April 2023 in ADELAIDE

*Dancers are encouraged to register for the convention using the Trybooking website trybooking.com/BRLDQ
 This form is only for use if you do not wish to use the on line system*

Registration Form - Page 1 of 2 - Please complete using BLOCK LETTERS and TICKING APPROPRIATE BOXES.

PRIMARY REGISTRATION DETAILS

FAMILY NAME: _____	PREFERRED NAME _____	M	P	A1	A2	Contra	Rds	Clog	M	F
		<input type="checkbox"/>								
POSTAL ADDRESS _____										
TOWN / CITY _____	STATE _____	POST CODE _____	COUNTRY _____							
PREFERRED PHONE CONTACT NO. _____	No. of Dancers on this form attending their first National Convention <input type="checkbox"/>									
PRIMARY EMAIL CONTACT _____	CLUB NAME _____									

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

ADDITIONAL ADULT REGISTRATION DETAILS - DANCER / NON-DANCER

Family Name	Preferred Name	Non Dancer	Email Contact	Tick sessions you are likely to attend								
				M	P	A1	A2	Contra	Rds	Clog	M	F
_____	_____	<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"/>	<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"/>

M (Male) F (Female)

YOUNGER ATTENDEE DETAILS - CHILD MINDING / JUNIOR DANCERS

Family Name	Preferred Name	Age as at 20 / 04 / 2023	M	F	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"/>

Youth Event

Would you like to register to attend a **Free Youth BBQ Lunch Event** for Teens to 20's?

YES NO

Child Minding will only be available at evening sessions. Closing date for child minding registrations 31/12/2022.

** If YES, the Child Minding registration form must also be completed by 31/12/2022. Available on the Convention website or email creche@adelaide2023.com*

Please complete both sides of this form. Return it with a copy of your EFT receipt/cheque/money order to :-
 The Registrar, 63rd ANSDC, 19 Farr Tce, Glenelg East SA 5045. Or scan and email the form with the EFT receipt details to register@adelaide2023.com

CALLER / CUER REGISTRATION - closing date 31/10/2022

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 Night	<input type="checkbox"/>	Sunday Night <input type="checkbox"/>
Clogging	<input type="checkbox"/>	Saturday Afternoon	<input type="checkbox"/>	Monday Afternoon <input type="checkbox"/>
Contra	<input type="checkbox"/>	Saturday Night	<input type="checkbox"/>	Monday Night <input type="checkbox"/>
MC Duties	<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 for the Dressed Set Parade

Name of Club _____

Club Caller _____

Contact Details _____

The Club Caller will be contacted to collect details in preparation of the Dressed Set Parade

Expressions of Interest for Booth Space. Full details in Information Sheet.

Note: Vendor electrical equipment must be tested and tagged prior to entry to venue.

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

Marshal	<input type="checkbox"/>	Assist with Round Ups and filling squares
Hosting	<input type="checkbox"/>	Assist preparing refreshments, tea/coffee stations
Greeters	<input type="checkbox"/>	Welcome & Farewell Dancers at each session
Others	<input type="checkbox"/>	Including assembling and distribution of Registration Packets, decorating, setting up chairs.

Name _____
 Name _____
 Name _____

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

Name _____ Ph: _____

TICKETING

Adult Registration	No.	@	COST	
Up to 31/12/2022	_____	@	\$ 135	_____
From 01/01/2023	_____	@	\$ 155	_____
Younger Attendees				
Junior Dancer	_____	@	\$ 70	_____
Child Minding	_____	@	\$ 70	_____
Advertising Half Page	_____	@	\$ 25	_____
Full Page	_____	@	\$ 50	_____
Booth Space	_____	@	\$ 50	_____
Additional Tables	_____	@	\$ 15	_____
Postage if applicable	_____	@	\$ 5	_____
(no overseas postage)				

TOTAL PAYMENT = A\$ _____

Payment Method

Cheque / Money Order made payable to 63rd ANSDC

EFT RECEIPT No. _____ Date _____

Transfer funds to 63rd ANSDC, Suncorp Bank
BSB 484 799 Account No. 350125300
Reference Registration Surname, Initial and State.
 Attach copy of the EFT receipt to this completed registration form

Credit / Debit Card (Visa or Mastercard only)

Name on Card _____

No. _____

Expiry Date __ / __ CVV Code ____

Please note

- Per Delegate cancellation Fee A\$10
- Cheque Dishonour Fee A\$40

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