



**64th Australian National Square Dance Convention  
Monday 20 - Friday 24 May 2024 at Marrara Stadium, Darwin**

*Registration Form, page 1 of 2. Please complete using a black or blue pen, BLOCK LETTERS and TICK APPROPRIATE BOXES.*

**DREAM ONCE MORE - DARWIN 2024**

PRIMARY REGISTRATION DETAILS										MS	P	A1	A2	Rds	Clog	Male	Female
										Please tick sessions you are likely to attend							
Family Name:					Preferred Name:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postal Address:										Indication of gender is optional and is used only for statistical analysis							
Town/City:			State:		Postcode:		Country:										
Preferred Phone Number (including country code):								No. of dancers on this form attending their first convention									
Primary email contact:										No. of people attending the complimentary Sunset Function on 19 May from 5:30pm		<input type="checkbox"/>					
ADDITIONAL ADULT REGISTRATION DETAILS – DANCER/NON-DANCER																	
Family Name	Preferred Name	Email	Non-dancer	MS	P	A1	A2	Rds	Clog	Male	Female						
			<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"/>						
YOUNGER ATTENDEE DETAILS – CHILD MINDING/JUNIOR DANCERS																	
<i>Junior dancers are those who are under 18 years old as at 20 May 2024</i>			Child minding for those under 12 as at May 20 will be subject to staff availability			Age as at 20/5/2024		Child Minding		Dancer		Male	Female				
Family Name:			Preferred Name:					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"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Child minding at evening sessions from 7pm subject to staff availability. Closing date for child minding registrations 2/2/2024. <b>Please complete both sides of this form. Return it with a copy of your EFT receipt/cheque/money order to:</b> The Registrar, 64th Australian National Square Dance Convention, Kaye Chandler (61 03 62724898), PO Box 294, Glenorchy, TAS, 7010 <b>Or scan and email the form with the EFT receipt details to:</b> tassquare@bigpond.com.au																	
ADMINISTRATION USE ONLY																	
Receipt No/s			Date		Amount \$		Registration No/s			Area							
Caller/ <input type="checkbox"/> Younger Attendees <input type="checkbox"/>			<input type="checkbox"/> Child Minding		<input type="checkbox"/> Dressed Set		<input type="checkbox"/> Advertising <input type="checkbox"/> Booth <input type="checkbox"/>			<input type="checkbox"/> First Convention <input type="checkbox"/>							

**Registration Form page 2 of 2. Please complete and Tick Appropriate Boxes**

**CALLER/CUER REGISTRATION – CLOSING DATE 31/1/2024**

*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 <i>(please tick appropriate boxes)</i>		I am available for All dance sessions <input type="checkbox"/> OR	
Mainstream <input type="checkbox"/>		Monday night <input type="checkbox"/>	Wednesday night <input type="checkbox"/>
Plus <input type="checkbox"/>		Tuesday afternoon <input type="checkbox"/>	Thursday afternoon <input type="checkbox"/>
A1 <input type="checkbox"/>		Tuesday night <input type="checkbox"/>	Thursday night <input type="checkbox"/>
A2 <input type="checkbox"/>		Wednesday morning <input type="checkbox"/>	Friday afternoon <input type="checkbox"/>
Rounds <input type="checkbox"/>		Wednesday afternoon <input type="checkbox"/>	Friday night <input type="checkbox"/>
Clogging <input type="checkbox"/>		**Please tick to indicate you have the <b>OneMusic Licence</b> <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 to register for the *Dressed Set Parade* - Closing Date 30/4/2024**

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. Please tick**

- 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)

Names: \_\_\_\_\_

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 31/7/2023		@	\$120	
General by 31/1/2024		@	\$150	
After 1/2/2024		@	\$160	
<b>Younger Attendees</b>				
Junior Dancer		@	\$60	
Child Minding		@	\$60	
Advertising (full page)		@	\$50	
Booth Space		@	\$50	
<b>Total Payment \$A</b>				

**PAYMENT METHOD**

Cheque/Money Order made payable to the Board

EFT Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

Transfer funds to 64th 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. \_\_\_\_\_

Expire Date: \_\_\_\_ / \_\_\_\_ CVC Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Note:** 1. Per delegate cancellation fee \$A10

2. Cheque dishonour fee \$A40