



# 65TH AUSTRALIAN NATIONAL SQUARE DANCE CONVENTION

## July 7th - 11th 2025 Monday to Friday

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



Please be advised that Photography and Filming will be occurring at this event. This is for Social Media, Television, Promotion and Historical Records, including Web Sites etc. We trust that you Enjoy, Understand and Respect this. Permission to be filmed and or photographed is a condition of registration for the event.

### PRIMARY REGISTRATION DETAILS

FAMILY NAME: \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

TOWN / CITY \_\_\_\_\_ STATE \_\_\_\_\_ POST CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PREFERRED PHONE CONTACT NO. \_\_\_\_\_ No. of Dancers on this form attending their first National Convention

PRIMARY EMAIL CONTACT \_\_\_\_\_

M P A1 A2 Contra Rds Clog M F

Tick sessions you are likely to attend

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"/>

M (Male) F (Female)

### YOUNGER ATTENDEES REGISTRATION DETAILS - CRECHE / JUNIOR DANCERS

Family Name	Preferred Name	Age as at 07 / 07 /2025	M	F	CRECHE	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"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Creche up to 12 years AND Junior Dancers - up to 17 years of age at time of Convention. Creche may only be available at EVENING SESSIONS and subject to demand and staff availability.

2. Please tick boxes for creche, dancer or both (refer Convention information brochure)

3. Other Notes applicable to creche e.g. additional activities and health forms, will be distributed to the Primary Registration.

Creche Registration closing date 28/02/2025

Please complete both sides of this form. Return it with your cheque or a copy of your EFT receipt to :-

The Registrar, Bev McLachlan, 65th ANSDC, PO Box 248, Buderim, Qld, 4556 . Or scan and email the form with the EFT receipt details to:- registrar@2025.ansdc.au

### ADMINISTRATION USE ONLY

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

Caller/Cuer  Younger Attendee  Creche  Dressed Set  Advertise  Booth  First Convention



**CALLER / CUER REGISTRATION - closing date 28/02/2025**

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 :-	All Dance Sessions	<input type="checkbox"/>	
Plus	<input type="checkbox"/>	<b>OR</b>			
A1	<input type="checkbox"/>	Monday Night	<input type="checkbox"/>	Thursday Afternoon	<input type="checkbox"/>
A2	<input type="checkbox"/>	Tuesday Afternoon	<input type="checkbox"/>	Thursday Night	<input type="checkbox"/>
Rounds	<input type="checkbox"/>	Tuesday Night	<input type="checkbox"/>	Friday Afternoon	<input type="checkbox"/>
Clogging	<input type="checkbox"/>	Wednesday Afternoon	<input type="checkbox"/>	Friday Night	<input type="checkbox"/>
Contra	<input type="checkbox"/>	Wednesday Night	<input type="checkbox"/>		
MC Duties	<input type="checkbox"/>				

I acknowledge that 1. 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. **AND**

2. I possess an approved Music Licence (e.g. One Music, BMI, ASCAP)

**Available MEDIA:** Please indicate preference 3.5mm (1/8) line in  USB

I would like to be considered for a duet with \_\_\_\_\_

<p><b>Expressions of Interest for the Dressed Set Parade</b></p> <p>Name of Club _____</p> <p>Club Caller _____</p> <p>The Club Caller will be contacted to collect details in preparation for the Dressed Set Parade</p>	<p><b>Expression of interest as a Volunteer during this event. We will contact you if required</b></p> <p>Marshal <input type="checkbox"/> Assist with Round Ups and filling squares</p> <p>Hosting <input type="checkbox"/> Assist preparing refreshments, tea/coffee stations</p> <p>Others <input type="checkbox"/> including assembling and distribution of Registration Packets, decorating, running errands.</p> <p>Name _____</p> <p>Name _____</p> <p>Name _____</p>
<p><b>Expressions of Interest for Booth Space.</b></p> <p>Tick Box if Required <input type="checkbox"/></p> <p>Full details in Information Shell</p>	<p><b>I am a qualified First Aid Officer and will be available to render help if required.</b></p> <p>Name _____</p>

**TICKETING**

Adult	No.	@	COST
20th May - 24th July '24	_____	@	\$ 120.00
25th July '24 - 31st March '25	_____	@	\$ 150.00
1st April - 7th July '25	_____	@	\$ 170.00
<b>Younger Attendees</b>	_____	@	\$ 65.00
<b>Advertising</b>			
Half Page	_____	@	\$40.00
Full Page	_____	@	\$75.00
<b>Booth Space</b>	_____	@	\$ 0.00
Additional Tables	_____	@	\$ 25.00
<b>TOTAL PAYMENT =</b>			<b>AUD \$ _____</b>

**PAYMENT METHOD**

Tick Appropriate Box

Cheque / Money Order made payable to **65th ANSDC**

EFT RECEIPT No. \_\_\_\_\_ Date \_\_\_\_\_

Transfer funds to 65th ANSDC Suncorp Bank  
**BSB 484 799 Account No. 350 186 104**  
**Reference** Your Primary Registration Family Name & State.  
 Attach copy of the EFT receipt to this completed registration form

CREDIT/DEBIT CARDS (VISA & MASTERCARD)

All card payments will be processed by the "Square" Payment system.  
**Reference** for either option **Primary Registration Family Name & State.**

Option 1: If you are completing this form online and select this option it will take you to the "Square" secure payment site.

Option 2: If you wish the Registrar to contact you to process the card payment select this option

**Please note**

1. Per Delegate cancellation Fee \$ 10.00 AUD  
 2. Cheque Dishonour Fee \$ 10.00 AUD

Please complete both sides of this form. Once completed please ensure the form is returned with a cheque, or a copy of the EFT receipt or credit card payment method to:- The Registrar, Bev McLachlan, 65th ANSDC, via post:- PO Box 248, Buderim, Qld, 4556, or scan and email to:- registrar@2025.ansdc.au