



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
<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"/>

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																																				
_____	_____	<input type="checkbox"/>	_____	<table border="1" style="border-collapse: collapse; font-size: x-small;"> <tr> <td>M</td><td>P</td><td>A1</td><td>A2</td><td>Contra</td><td>Rds</td><td>Clog</td><td>M</td><td>F</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	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"/>
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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"/>

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:- registrar2025ansdc@gmail.com

ADMINISTRATION USE ONLY

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

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

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

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 :-

Mainstream	<input type="checkbox"/>
Plus	<input type="checkbox"/>
A1	<input type="checkbox"/>
A2	<input type="checkbox"/>
Rounds	<input type="checkbox"/>
Clogging	<input type="checkbox"/>
Contra	<input type="checkbox"/>
MC Duties	<input type="checkbox"/>

I am available for :-

OR

Monday Night	<input type="checkbox"/>
Tuesday Afternoon	<input type="checkbox"/>
Tuesday Night	<input type="checkbox"/>
Wednesday Afternoon	<input type="checkbox"/>
Wednesday Night	<input type="checkbox"/>

Please tick appropriate boxes

All Dance Sessions	<input type="checkbox"/>
Thursday Afternoon	<input type="checkbox"/>
Thursday Night	<input type="checkbox"/>
Friday Afternoon	<input type="checkbox"/>
Friday Night	<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 _____

Expressions of Interest for the Dressed Set Parade

Name of Club _____

Club Caller _____

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

Expressions of Interest for Booth Space.

Tick Box if Required
Full details in Information Shell

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
Others	<input type="checkbox"/>	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	No.	@	COST
Early Bird Pricing Is Now Closed			
25th July - 31st March '25	_____	@	\$ 150.00 _____
1st April - 7th July '25	_____	@	\$ 170.00 _____
Non-Dancer	_____	@	\$ 0.00 _____
Younger Attendees	_____	@	\$ 65.00 _____
Non dancer or creche	_____	@	\$ 0.00 _____
Advertising			
Half Page	_____	@	\$ 40.00 _____
Full Page	_____	@	\$ 75.00 _____
Booth Space	_____	@	\$ 0.00 _____
Additional Tables	_____	@	\$ 25.00 _____

TOTAL PAYMENT = AUD \$ _____

Tick Appropriate Box

PAYMENT METHOD

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.

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, PO Box 248, Buderim, Qld, 4556, or scan and email to:- registrar2025ansdc@gmail.com

PLEASE SAVE THIS FORM and TAKE NOTE OF THE TOTAL PAYMENT BEFORE GOING TO "SECURE PAYMENT"