



66TH AUSTRALIAN NATIONAL SQUARE DANCE CONVENTION

April 30th - May 04 2026

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	_____	M	P	A1	A2	Contra	Rds	Clog	M	F
POSTAL ADDRESS	_____			☐	☐	☐	☐	☐	☐	☐	☐	☐
TOWN / CITY	_____	STATE	_____	No. of Dancers on this form attending their first National Convention				☐	Indication of gender is optional and is used only for statistical analysis.			
PREFERRED PHONE CONTACT NO.	_____											
PRIMARY EMAIL CONTACT	_____											

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
_____	_____	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	_____	☐	_____	☐	☐	☐	☐	☐	☐	☐	☐	☐

M (Male) F (Female)

YOUNGER ATTENDEES REGISTRATION DETAILS - CRECHE / JUNIOR DANCERS

- closing date 30/11/2025

Family Name	Preferred Name	Age as at 28 / 02 /2026	M	F	CRECHE YES NO	DANCER YES NO
_____	_____	_____	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐
_____	_____	_____	☐	☐	☐	☐

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.

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 30/11/2025

Please read the Caller/Cuer Registration conditions as published in this conventions Information Sheet

Name of Caller / Cuer _____

I would like to register for the following :-

Mainstream ☐
 Plus ☐
 A1 ☐
 A2 ☐
 Rounds ☐
 Clogging ☐
 Contra ☐
 MC Duties ☐

I am available for :-

Please tick appropriate boxes

All Dance Sessions ☐

OR

Thursday Evening ☐

Friday Evening ☐

Saturday Afternoon ☐

Saturday Evening ☒

Sunday Afternoon ☐

Sunday Evening ☐

Monday Afternoon ☐

Monday Evening ☒

By registering to Call or Cue I acknowledge that I agree to and understand the requirements as published in the Caller/Cuer Registration/Condition as published in this Conventions Information Sheet.

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 ☐

Assist with Round Ups and filling squares

Hosting ☐

Assist preparing refreshments, tea/coffee stations

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

No.

COST

30th April '25 - 11th Jul '25 **Closed** @ _____

12th Jul '25 - 30th Nov '25 @ \$ 120.00 _____

1st Dec - 3rd May '26 @ \$ 150.00 _____

Non-Dancer @ _____

Younger Attendees @ \$ 70.00 _____

Advertising

Half Page @ \$ 40.00 _____

Full Page @ \$ 75.00 _____

Booth Space

Additional Tables @ \$ 25.00 _____

TOTAL PAYMENT = AUD

PAYMENT METHOD

☐

RECEIPT No. _____

Date _____

Transfer funds to 66th ANSDC Suncorp Bank

BSB 484 799 **Account No:** 606 990 061

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 and complete on the "Square" secure payment site.

☐

Option 2: If you wish the Registrar to contact you to process the card

NB. There is a Per Delegate cancellation Fee of \$ 15.00 AUD

Please complete both pages of this form and **save** them. Once completed please ensure the form is returned with a copy of the EFT receipt or credit card payment method to:- The Registrar, Kaye Chandler, PO Box 294, GLENORCHY, Tasmania, 7010, or email to:- admin@2026.ansdc.au (This can be done via the registrations page on our website)