



66TH AUSTRALIAN NATIONAL SQUARE DANCE CONVENTION

April 30th - May 03 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 _____

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																																													
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M (Male) F (Female)

YOUNGER ATTENDEES REGISTRATION DETAILS - CRECHE / JUNIOR DANCERS

Family Name	Preferred Name	Age as at 28 / 02 / 2026	M F	CRECHE	DANCER
				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"/>	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"/>

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 28/02/2026

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 30/11/2025

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

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

Name of Club _____

Club Caller _____

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

Name _____

Name _____

Name _____

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.

Expressions of Interest for Booth Space.

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

Tick Box if Required

Full details in Information Shell

Name _____

TICKETING

Adult	No.	@	COST
20th May - 11th Jul '25	_____	@	\$ 95.00
12th Jul '25 - 30th Nov '25	_____	@	\$ 120.00
1st Dec - 3rd May '26	_____	@	\$ 150.00
Younger Attendees	_____	@	\$ 65.00
Advertising			
Half Page	_____	@	\$40.00
Full Page	_____	@	\$75.00
Booth Space	_____	@	\$ 0.00
Additional Tables	_____	@	\$ 25.00
TOTAL PAYMENT =			AUD \$

PAYMENT METHOD

Tick Appropriate Box Cheque / Money Order made payable to **66th 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

- | | |
|--------------------|--|
| Please note | 1. Per Delegate cancellation Fee \$ 15.00 AUD |
| | 2. Cheque Dishonour Fee \$ 15.00 AUD |

Please complete both pages 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, Kaye Chandler, 66th ANSDC, via post:- 134 Pitcairn Street, MONTROSE, Tasmania, 7010, or scan and email to:-**

registrar@2026.ansdc.au