

# 49th Victorian State Convention

9th - 12th March, 2018

## Caller / Cuer Registration

Caller / Cuer Registration Close 15/10/2017

Caller Program Manager - Mike Davey (2018-squares@vsda.org.au)  
 Cuer Program Manager - Coral Wegmann (2018-rounds@vsda.org.au)

Name \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

I wish to be considered for (circle as applicable) -

|     | Calling | Cueing  | MC Duties   |        |
|-----|---------|---------|-------------|--------|
| M/S | Plus    | A Level | High Energy | Rounds |

I am available for the following sessions (tick as appropriate)

***This registration does not guarantee that you will be programmed.***

|                    |                          |                  |                          |
|--------------------|--------------------------|------------------|--------------------------|
| Friday Night       | <input type="checkbox"/> | Sunday Afternoon | <input type="checkbox"/> |
| Saturday Afternoon | <input type="checkbox"/> | Sunday Night     | <input type="checkbox"/> |
| Saturday Night     | <input type="checkbox"/> | Monday Morning   | <input type="checkbox"/> |

## Stall Registration & / or Program Advertising (CLOSING DATE FOR THESE ITEMS IS 30TH NOVEMBER 2017)

Name of Vendor \_\_\_\_\_ Phone/Email \_\_\_\_\_

Type of goods to be sold (Square Dance appropriate) \_\_\_\_\_

Do you wish to have a Paid Advertisement in the Convention Programme?

Yes  No

|   | Member   | Non Member |
|---|----------|------------|
| Programme Advertisement Costs - Full Page | \$30     | \$50       |
| Stall Cost -                              | \$30     | \$50       |
| Both Program and Stall Cost -             | \$40     | \$80       |
| Total Stall & Advertising Cost:           | \$ _____ |            |



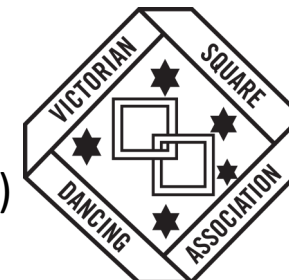
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## “Medieval Times”



Horsham College Hall  
 Dimboola Road (Western Highway)  
 (near corner of High Street North)  
 Horsham, Victoria



Reg: A0005828F  
 ABN: 83 174 149 517

# 49th Victorian State Convention, 2018

## Ticket Pricing

| Ticket Type |  | Member | Non-Member |
|-------------|--|--------|------------|
| AE          | Adult Dancer (Early Bird prior to 30th Nov, 2017)  | \$52   | \$67       |
| AD          | Adult Dancer (From 1st Dec, 2017)  | \$62   | \$77       |
| JD          | Junior Dancer (Under 18)   | \$26   | \$36       |
| FT          | Family Ticket (2 Adults & 4 Junior Dancers)  | \$137  | \$182      |
| WND         | Weekend Non-Dancers - <b>MUST</b> be Registered<br>(Includes a Ribbon & Program Booklet) | \$7    | \$12       |
| CR1         | Crèche (per Child)   | \$37   | \$52       |
| CR2         | Crèche (per Family, 3 or more Children)  | \$77   | \$107      |

Note: Crèche will operate during the Evening Sessions ONLY  
Crèche hours will be from 7.00pm until 11.00pm Sharp.

## Sunday Night Dress Up Theme "Medieval Knights & Ladies"

### Conditions:

- The Square Dance Dress code applies to all sessions except Sunday Night, where it is permissible to dress in Theme. The Dress code Guidelines are published on the V.S.D.A. website. In particular, heels must be a minimum of 25mm x 25mm square and shoes must not contain steel heel or toe plates.
- Dancers & Non-Dancers - **YOU ARE REQUIRED TO WEAR & DISPLAY your Convention Ribbon** on the Front upper portion of your blouse/shirt at all times whilst within the Venue. This entitles you to entry to all sessions.
- Interstate dancers are classified as honorary V.S.D.A. Members for registration purposes.
- Mainstream will be the minimum level of square dancing for this Convention. Some sessions, as indicated, will be at a higher level.
- Tickets for **all** registrations will be available for collection at the venue, upon presentation of identification, from 6pm Friday and 30minutes prior to each session.  
**No registration packs will be posted out.** There will be a collection day set up mid February for people wishing to collect theirs in person - details will be emailed out. Please indicate on the form opposite if you would like a pdf version of the program emailed out in advance.
- A cancellation fee of \$10 per person will be charged, and any refunds will be as per the V.S.D.A. "Function Refund Policy" as published on the V.S.D.A. website.
- The Committee reserves the right to refuse admission to any person, or to ask any person to leave the venue if the Convention rules or guidelines are broken.

# 49th Victorian State Convention, 2018 Registration Form

By Signing this form, I / we state that we have read & fully understand, and agree to abide by, the Dress Standard requirements & associated conditions related to this Convention as stated on the V.S.D.A. website. (Note: **All** Adults to Sign)

Please Post completed form to the Registrations Officer  
P.O. Box 8075, Croydon, Vic, 3136 or Email: 2018-registrations@vsda.org.au

| Name  | Signature | Mem No          | Tkt Type     | Cost      |
|---|-----------|-----------------|--------------|-----------|
|   |           |                 |              |           |
|   |           |                 |              |           |
|   |           |                 |              |           |
| Crèche x Number of Children Registered below              |           |                 | =            |           |
| Victoria Map Badge @ \$5.50 each                          |           | Number Required | =            |           |
| Stall & / or Advertising in Program (details see reverse) |           |                 | =            |           |
|   |           |                 | <b>TOTAL</b> | <b>\$</b> |

Address \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ State \_\_\_\_\_ P/Code \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Please email me a pdf copy of the Program prior to the weekend   
(See condition 5 - NO tickets will be posted out for this convention)

**PAYMENT METHOD:** Cash  Cheque  Direct Deposit   
Credit Card  (VISA, MASTERCARD, AMEX ONLY)

C/C \_\_\_\_\_ Exp: \_\_\_/\_\_\_ CCV: \_\_\_\_\_

Direct Deposit Details: BSB No: 083004 A/c No: 51554 1981 Bank: NAB  
Account Name: Victorian Square Dancing Association

\*\*\*\* Please use "Surname SC18" as the reference detail on bank submission.  
\*\*\*\* Please attach a copy of the Direct Deposit receipt to this form.

Yes I am qualified and would like to assist in First Aid Duty

| Name | Age | M / F |
|------|-----|-------|
|      |     |       |
|      |     |       |
|      |     |       |

Child Minding Registrations: (Cost per child as per Ticket Pricing at upper left.)

