

# Registration Form



- **First time Registrations** – Must include copy of Birth Certificate or Passport
- **Photos** - Two named passport photos or select the photo fee below option
- **Return of New card** - a self-stamped envelope or select a courier option below
- If re-registering, please return your 2024 registration card
- Registration fee paid by Direct Credit only.

YEAR OF REGISTRATION

2 0 2 5

Email: scotdancenzreg@gmail.com Address: 190 Williamsons Line RD 3 Marton 4789

## DANCER INFORMATION

|   |   |  |  |
|---|---|--|--|
| Full Name :   | <input type="text"/>  |  |  |
| Date of Birth :   | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | REGISTRATION TYPE<br>(please circle one)                       | ANNUAL REGISTRATION / UPGRADE                                    |
| Email Address:  | <input type="text"/>  | Has the dancer registered previously with another organisation | YES / NO   |
| Address:  | <input type="text"/>  |  | If YES, please state the organisation, date and Registration No. |
| Contact Name and Number   | <input type="text"/>  |  | <b>Dancer Grade (circle one)</b>                                 |
| Dancer Signature (if 16 and over)<br>OR Parent/Guardian Signature | <input type="text"/>  |  | PRIMARY BEGINNERS NOVICE<br>INTERMEDIATE PREMIER                 |

## TEACHER INFORMATION

If your teacher is not a financial member of ScotDance New Zealand, they must provide a copy of their valid Examining Body Membership card to the ScotDance NZ Registration Agent before your dancer's registration can be approved.

|                 |                      |                                 |                      |
|-----------------|----------------------|---------------------------------|----------------------|
| Teacher Name:   | <input type="text"/> |                                 |                      |
| Contact Number: | <input type="text"/> | Address:                        | <input type="text"/> |
| Email Address:  | <input type="text"/> | Examining Body & Membership No. | <input type="text"/> |
| Signature:      | <input type="text"/> |                                 |                      |

## PAYMENT DETAILS

(registrations will not be processed until payment is received)

Account Name  Account Number:

Reference:

|  | AMOUNT   |
|--|--|
| If teacher is <b>NOT a SDNZ</b> registered professional  | <input type="text" value="\$40.00 (per dancer)"/>                    |
| If teacher <b>IS a SDNZ</b> registered professional  | <input type="text" value="\$35.00 (per dancer)"/>                    |
| SDNZ Registered Professional Family Discount*:<br>For dancers taught by a SDNZ registered professional | <input type="text" value="\$30.00 per dancer (2 or more siblings)"/> |
| Photo Printing Fee:  | <input type="text" value="\$6.00 per dancer"/>                       |
| Courier Fee if postage is required:  | <input type="text" value="\$9.00 (Residential) \$15.00 (Rural)"/>    |
| Upgrade Fee or Replacement Card  | <input type="text" value="\$10.00"/>                                 |
| Registration Cost:   | <input type="text"/>   |
| Photo Fee:   | <input type="text"/>   |
| Courier Fee:   | <input type="text"/>   |
| Upgrade Fee or Replacement Card  | <input type="text"/>   |
| <b>TOTAL PAYABLE:</b>  | <input type="text"/>   |

## OFFICE USE ONLY

|                  |                      |
|------------------|----------------------|
| Registration No. | <input type="text"/> |
| Date Received    | <input type="text"/> |
| Date Sent        | <input type="text"/> |
| Payment Received | <input type="text"/> |

|              |                      |
|--------------|----------------------|
| ADMIN NOTES: | <input type="text"/> |
|--------------|----------------------|