



AUSTRALIAN BOARD OF HIGHLAND DANCING INC.

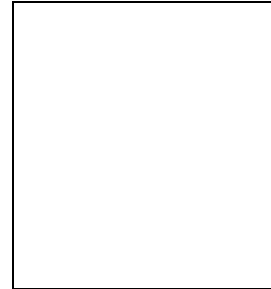
www.abhdi.asn.au

under the auspices of THE SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCING

Application for Registration as a Competition Dancer in the

PRIMARY CATEGORY

(under 7 Years)



Send to:- Home State/Regional Dancers' Registrar

PLEASE PRINT IN BLOCK CAPITALS

Surname

First Names

Permanent Address

.....Postcode.....

Telephone No.e-mail address.....

Date of Birth

(To be verified on initial registration via submission of a copy of an official document showing date of birth (e.g. birth certificate, passport))

Teacher's Signature

Teacher's Name

(please print clearly)

Address

.....Postcode.....

Telephone No.e-mail address.....

I enclose 2 passport photographs and the registration fee and levy of and agree to abide by the Rules and Regulations of the ABHDI/SOBHD. Allow one month for processing card

Cheques and/or Money Orders should be made payable to:

Please enclose a stamped addressed envelope for return of card

It is accepted that this information may be stored by the relevant State/Regional Committee on a computer system.

Signature (Parent or Guardian if under 16)

Date

Registered Dancers taking part in un-registered Competitions and/or providing incorrect information will incur a six-month penalty. During this period they will not be accepted as eligible to enter any registered competition.

For Office Use ONLY:

Competitor's Registration Number

Primary valid only until

Year of registration

Date of Birth verification

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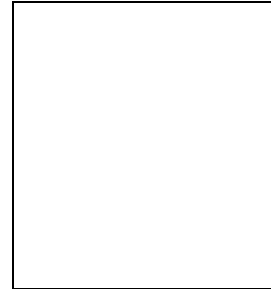
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under the auspices of
THE SCOTTISH OFFICIAL BOARD OF HIGHLAND DANCING

Application for Registration as a Competition Dancer in the

PREMIER CATEGORY



Send to:- Home State/Regional Dancers' Registrar

PLEASE PRINT IN BLOCK CAPITALS

Surname

First Names

Permanent Address

.....Postcode.....

Telephone No.e-mail address.....

Date of Birth

(To be verified on initial registration via submission of a copy of an official document showing date of birth (e.g. birth certificate, passport))

Teacher's Signature

Teacher's Name

(please print clearly)

Address

.....Postcode.....

Telephone No.e-mail address.....

I enclose 2 passport photographs and the registration fee and levy of and agree to abide by the Rules and Regulations of the ABHDI/SOBHD.

Please return current Registration card and allow one month for processing of new card.

Cheques and/or Money Orders should be made payable to:

Please enclose a stamped addressed envelope for return of card

It is accepted that this information may be stored by the relevant State/Regional Committee on a computer system.

Signature (Parent or Guardian if under 16)

Date

Registered Dancers taking part in un-registered Competitions and/or providing incorrect information will incur a six-month penalty. During this period they will not be accepted as eligible to enter any registered competition.

For Office Use ONLY:

Competitor's Registration Number

Year of registration

Date of Birth verification

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