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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Application for Registration as a Competition Dancer in the

BEGINNERS 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. Allow one month for processing card **(& return Primary Card if applicable).**

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 ..... Date of First Beginner's Competition.....

Year of registration	Date of Birth verification

Date of marking Beginners' Squares

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Application for Registration as a Competition Dancer in the

NOVICE 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. Allow one month for processing card **(& return Beginners 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 ..... Date of First Novice Competition.....

Year of registration	Date of Birth verification

Date of marking Novice Squares

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Application for Registration as a Competition Dancer in the

INTERMEDIATE 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. Allow one month for processing card **(& return Novice 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 ..... Date of First Intermediate Competition.....

Year of registration	Date of Birth verification

Date of marking Intermediate

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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