

AHSF Conference 2006 Registration Form

Name: _____

Postal Address: _____

Suburb / City: _____ Post Code: _____

E-mail _____

School/ Group of Membership _____

City, State _____

Age if under 18 _____ (parental consent shall be required)

Guardian Name _____

Guardian Contact Phone No. _____

Conference Attendance Full Conference \$250
(Please tick the appropriate Box)

Day Attendance \$100 per day Sat 30 September

Sun 1 October

Mon 2 October

Payment: All Cheques and money orders to be made out to Prima Spada and to be paid in full. Cash may be received on the day. No refunds will be available after the 15 August 2006.

**Prima Spada School of Fence
PO Box 2464
Chermside Qld 4032**

Conference T-Shirt Size: Small Medium Large Extra Large
(Please tick the appropriate Box)

Accommodation and Transport

Do you require to be a home guest of a Prima Spada student? YES NO

If so, please include your payment of \$100 with your conference registration.

Do you have a friend you request to share accommodation with?
(name) _____

(please be aware limited places are available, and first in with accompanying payment shall be placed. Some accommodation may be shared with other conference delegates. Guests shall be placed only with Prima Spada adult students. All host accommodation shall be of a high standard, comfortable and offering every hospitality as a Guest of Prima Spada.)

Transport

Prima Spada shall be offering a courtesy van between your local accommodation and the conference venue.

Do you anticipate to use this service? YES NO

Details of your accommodation address shall be required before 1 September 2006 to be included on the courtesy van schedule.

Please email the Prima Spada Conference Committee with details as soon as you are able.

Prima Spada Conference Committee : conference@primaspada.com.au

Please state if you are bringing (circle): rapiers, swords, long swords, great sword, Staff, etc.

Medical Requirements or Concerns**

Next of Kin Details

Contact number/s: _____

Name: _____

Relation: _____

Please specify any food allergies: _____

Are you vegetarian/vegan/other? _____

* For insurance purposes. If you are under 18, your parent / guardian must sign the Indemnity Declaration form overleaf for you.

** It is your responsibility to tell us of any injuries, disabilities, etc, that you think relevant. You should have a health check before starting (or resuming) any sport. If you are unsure about any health condition, seek your doctor's advice. In some circumstances, her/his written approval may be needed by Prima Spada Conference Committee.

