



# AUSTRALIAN BOARD OF HIGHLAND DANCING INC.

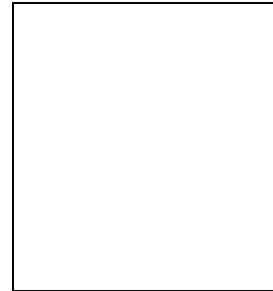
www.abhdi.asn.au

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:-

**Mrs Julie Joseph**

21 Kariwara St  
Dundas, NSW 2117  
0402 780 785

### **PLEASE PRINT IN BLOCK CAPITALS**

Surname .....

First Names .....

Permanent Address .....

.....Postcode.....

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

Date of Birth .....

(To be verified on request)

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 \$35.00.... 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: NSW SCHDI

### **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.

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### **For Office Use ONLY:**

Competitor's Registration Number .....

Primary valid only until .....

Year of registration

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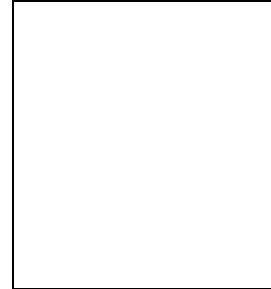
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Application for Registration as a Competition Dancer in the

## **BEGINNERS CATEGORY**



Send to:-

**Mrs Julie Joseph**

21 Kariwara St  
Dundas, NSW 2117  
0402 780 785

### **PLEASE PRINT IN BLOCK CAPITALS**

Surname .....

First Names .....

Permanent Address .....

.....Postcode.....

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

Date of Birth .....

(To be verified on request)

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 \$35.00.... 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: NSW SCHDI

### **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

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Date of marking Beginners' Squares

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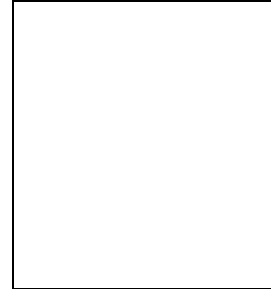
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Application for Registration as a Competition Dancer in the

## **NOVICE CATEGORY**



Send to:-

**Mrs Julie Joseph**

21 Kariwara St  
Dundas, NSW 2117  
0402 780 785

**PLEASE PRINT IN BLOCK CAPITALS**

Surname .....

First Names .....

Permanent Address .....

Postcode.....

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

Date of Birth .....

(To be verified on request)

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 \$35.00.... 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: NSW SCHDI

**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

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Date of marking Novice Squares

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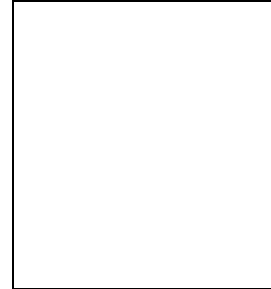
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## **INTERMEDIATE CATEGORY**



Send to:-

**Mrs Julie Joseph**

21 Kariwara St  
Dundas, NSW 2117  
0402 780 785

**PLEASE PRINT IN BLOCK CAPITALS**

Surname .....

First Names .....

Permanent Address .....

Postcode.....

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

Date of Birth .....

(To be verified on request)

Teacher's Signature .....

Teacher's Name .....

(please print clearly)

Address .....

Postcode.....

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

**DATE SELECTED for FIRST INTERMEDIATE COMPETITION .....**

I enclose 2 passport photographs and the registration fee and levy of \$35.00.... 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: NSWCHDI

**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 Selected for First Intermediate Competition ..... Date of Final Intermediate Competition .....

Year of registration

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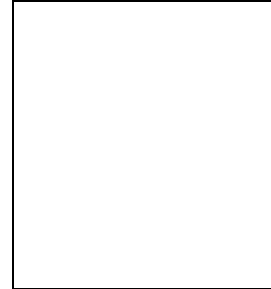
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Application for Registration as a Competition Dancer in the

## **PREMIER CATEGORY**



Send to:-

**Mrs Julie Joseph**

21 Kariwara St  
Dundas, NSW 2117  
0402 780 785

### **PLEASE PRINT IN BLOCK CAPITALS**

Surname .....

First Names .....

Permanent Address .....

.....Postcode.....

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

Date of Birth .....

(To be verified on request)

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 \$35.00.... 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: NSWSchDI

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Date .....

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### **For Office Use ONLY:**

Competitor's Registration Number .....

Year of registration

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