2015 SSPA NATIONAL CONVENTION

**Dates:** Sunday 27th September to Saturday 3rd October

**Venue: Woodman Point Recreation Camp- 74 O'Kane Court, Munster, Western Australia, 6166**

 Office Phone: (08) 9492 9797

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| **CONVENTION COSTS** |
| **SSPA members staying full-time at Woodman Point**  | **AUD $** |
| Adult (13yrs & over) per person | **$550**  |
| Kids (5 -12yrs) per person | **$325** |
| Kids (2-4yrs) per person | **$115** |
| Infant (under 2yrs) Must provide own bedding & linen | **Free** |
| **Non-SSPA members staying full-time at Woodman Point** |  **AUD $** |
| Adult per person | **$ 590** |
| Kids (5 -12yrs) per person | **$ 345** |
| Kids (2-4yrs) per person | **$135** |
| Infant (under 2yrs) Must provide own bedding & linen | **Free** |
| **Optional Extras- PAY as You Go;** |  |
| Flying Fox activity at the Cube – Wed 30-09-15; 12.45pm to 2.30pm at own cost. | **$25 each, 16 places only.** |
| Woodman Point Historical Tour**-** Wed 30-09-15;  **3.30pm to 4.30pm at own cost.**  | **$11.50 each, 16 places only.** |
| ***Please note the cost for the convention is subsidized by many hours of fundraising from SSPA groups around Australia. WA SSPA would also like to thank their sponsors who contributed towards fundraising efforts.******There have been no government grants available to assist SSPA to provide this National Convention, as there has been in some past years. Should you like to contribute financially towards the Convention costs, please contact an organizer.*****NB: For Part-time attendees - please refer to the revised part time rate sheet at the end of the Journal report.****For any queries regarding part time rates, please contact:** **Suzann Franklin (M) 0434 698 484 (H) 08 9041 3220 (E)** **waconvention@gmail.com****Eleanor Snook (M) 0405 686178 (H) 08 9295 0636 (E)** **waconvention@gmail.com** |
| If you have any other accommodation / food requirements, please ensure that you let us know ASAP. If you are not staying onsite, please let us know which activities you will be attending to determine if a nominal fee is applicable. |

**Please forward registration form/s and min $100 deposit per person NO LATER THAN FRIDAY, 22nd August 2015 to**

**Eleanor Snook, 30 Leslie St, Mundaring, WA, 6073 or email:** **waconvention@gmail.com**

If you wish to pay via Direct Deposit, please deposit funds into the following account: **National Australian Bank, BSB: 086-587, Acct: 677401631, Acct Name: SSPA W.A Branch** Please use your full name & state as the reference, and email **waconvention@gmail.com** with payment details you have deposited.

Alternatively, please make cheque/money orders payable to **Short Statured People of Australia** in Australian dollars only. If you wish to pay by Credit Card, please fill in the details below and return to the address/email above.

**NB: If you wish to pay your deposit or total cost by Credit Card, please indicate - Yes**

**Please DO NOT email your credit card details with your registration.**

**We will contact you for the details when required.**

Balance is payable upon arrival. Please make cheque, banker’s draft or money order payable to **Short Statured People of Australia** in Australian dollars. Credit Cards will also be accepted on arrival. If you wish to make regular payments, please let us know. If you have any queries please contact **Suzann Franklin (M) 0434 698 484 (H) 08 9041 3220 or Eleanor Snook (M) 0405 686178 (H) 08 9295 0636** alternatively you can reach us by **email at** **waconvention@gmail.com**

## REGISTRATION FORM

Please complete the form by filling in the blanks and circling appropriate responses. Once completed, return all forms to **Eleanor Snook** with the appropriate deposit. ($100 per person)

### FAMILY REGISTRATION? YES / NO FIRST CONVENTION? YES / NO

|  |  |
| --- | --- |
|  | **DETAILS OF ATTENDEES (for any extras, please attach another copy of this form):** |
| **First Name** | **Surname** | **Date of****Birth** | **Age****18 and under** | **Short Statured** |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
|  |  |  |  | Yes / No |
| **ADDRESS DETAILS:** |
| **Street Address** | **Suburb** | **Country** | **Postcode** |
|  |  |  |  |
| **Home Phone:** | **Mobile Phone:** | **Email:** |
|  |
| Will you be attending for the full six days of the convention? | Yes / No |
| Do you have any special dietary requirements? | Yes / No |
| If so, please list: |  |
|  |  |
|  |  |
| Do you require a lower bunk for sleeping? | Yes / No |
| Do you use a CPAP Machine for Sleep Apnea? | Yes / No |
| Do you use a wheelchair or scooter? | Yes / No |
| Do you have any special requests or requirements? | Yes / No |
| If so, please detail: |
|  |

**PLEASE NOTE THE FOLLOWING:**

* Linen hire is included in the price
* If you are attending part-time or staying off-site, please fill out the form on page 3 and include with your registration
* Minors under 18 attending the convention without their parent(s) or legal guardian must have an identified guardian over the age of 25yrs for the duration of the convention. Please fill out the Temporary Guardian and Medical Release Form on page 4 and include with your registration

|  |  |
| --- | --- |
| Do you require pick up on arrival, Saturday 26th or Sunday 27th September and drop off Saturday 3rd September? Please list in comments where you wish to be picked up from if not the Airport. | Yes / No |
| Arrival time at Perth Airport:  |  | Departure time at Perth Airport:  |  |
| Flight number: |  | Flight number: |  |
| Comments: |

## This form MUST be filled out if you are NOT staying full-time at Woodman Point in Munster.

## Please fill out the table below by indicating the number of people who will be attending each event and whether or not you will require overnight accommodation and transport.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **EVENT** | **Overnight Accommodation Required** | **Adults** | **Kids 5-12 yrs** | **Kids****2-4 yrs** | **Under 2 yrs** |
| Sun | 27th Sept | Registrations  | YES / NO |  |  |  |  |
| DinnerMeet and Mingle Evening |  |  |  |  |
| **Mon** | **28th Sept** | Breakfast | YES / NO |  |  |  |  |
| Medical Day  |  |
| Lunch |  |  |  |  |
| Medical Workshops |  |  |  |  |
| Dinner |  |  |  |  |
| Disco: ‘P’ Theme |  |  |  |  |
| **Tues** | **29th Sept** | Breakfast | YES / NO |  |  |  |  |
| Board Bus to Jetty For Rottnest No planned activities for group – any tours/food expenses will need to be at your own cost.Buy own lunch.Depart Rottnest  |  |  |  |  |
|  |
| Dinner |  |  |  |  |
| Quiz Night |  |  |  |  |
| **Wed** | **30th Sept** | Breakfast | YES / NO |  |  |  |  |
| AGM |  |  |  |  |
| Lunch |  |  |  |  |
| Flying Fox activity at the Cube – 12.45pm to 2.**30pm at own cost. $25 each, 16 places only.** |  |  |  |  |
| National Council Meeting |  |  |  |  |
| Woodman Point Historical Tour**- 3.30pm to 4.30pm at own cost. $11.50 each, 16 places only.** |  |  |  |  |
| Dinner Dance |  |  |  |  |
| **Thurs** | **1st Oct** | Breakfast | YES / NO |  |  |  |  |
| Bus Leaves for Perth CDB  |  |  |  |  |
| Buy own lunch  |  |  |  |  |
| Bus to camp (no established time) |  |  |  |  |
| “Letters to Myself” project; Short Artss |  |  |  |  |
| Dinner |  |  |  |  |
| **Fri** | **2nd Oct** | Breakfast | YES / NO |  |  |  |  |
| Independent Living Visit |  |  |  |  |
| Spare parts Puppet theatre Sports day  |  |  |  |  |
| Lunch |  |  |  |  |
| Fremantle Arvo? TBC |  |  |  |  |
| Dinner |  |  |  |  |
| **Sat** | **3rd Oct** | BreakfastAirport departures  |  |  |  |  |  |

## TEMPORARY GUARDIAN & MEDICAL RELEASE FORM

All minors (under the age of 18) attending the 2015 SSPA National Convention at Munster, Perth, from Sunday 27th September to Saturday 3rd October without parent(s) or legal guardian must have a temporary guardian over the age of 25yrs designated for the week of the convention.

Parent(s) of the unaccompanied minor attending the convention must complete the following details:

|  |  |
| --- | --- |
| Child’s full name: |  |
| Date of birth: |  |
| Medicare number – Expiry Date Reference Number |
| I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) to receive full medical treatment in the event of an emergency |
| Exceptions (if any): |
| Allergies/medications (if applicable): |
| I authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name), who is over the age of 25yrs, to be the legal guardian for my minor child during the week of Sunday 27th September to Saturday 3rd October during the SSPA Convention to be held at Munster, Perth, WA.  |

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| --- |
| **Parent(s) Details:** |
| Name |  |
| Signature |  |
| Address |  |
| Phone number |  |
| Mobile number |  |

|  |
| --- |
| **Guardian’s Details:** |
| Name (must be over 25yrs) |  |
| Signature |  |
| Address |  |
| Phone number |  |
| Mobile number |  |