**2017 50th SSPA NATIONAL CONVENTION**



**Dates:** Sunday, 24th September to Saturday, 30th September 2017

**Venue: Muyuna Bay Sports and Recreational Centre,** B53, Wangi Rd, Myuna Bay NSW 226Office Phone: (02) 4970 9700

|  |  |
| --- | --- |
| **CONVENTION COSTS** | |
| **SSPA members staying full-time at Myuna Bay** | **AUD $** |
| Adult/Secondary (14+) per person | **$650** |
| Kids (9-13 years) per person | **$450** |
| Kids (3-8 years) per person | **$290** |
| Infant (under 2 years) Free | **$ 0** |
| **Non-SSPA members staying full-time at Myuna Bay** | **AUD $** |
| Adult & Secondary (14+) per person | **$690** |
| Kids (9-13 years) per person | **$490** |
| Kids (3-8 years) per person | **$330** |
| Infant (under 2 years) Free | **$ 0** |
| **LINEN EXTRA PER PERSON** | **$25** |
| |  |  |  | | --- | --- | --- | | **Part-time attendees** | **Members** | **Non-members** | | Daily Meals (each meal) | $18 | $49 | | Daily Accommodation | $49 | $55 | | Day 2 Activity cost – Hunter Valley Bus Trip | $25 | $30 | | Day 3 Activity cost – Disco | $5 | $8 | | Day 4 Activity cost – Port Stephens Bus Trip | $25 | $30 | | Day 5 Activity cost – Sports Day + Short Arts Evening | $5 | $8 | | Medical Day | $25 | $30 | | Child Care (either AGM or Dinner Dance) per child | $10 | $15 | | Dinner Dance | $50 | $60 | | |
| **REGISTRATION AND PAYMENT DETAILS** | |

Please forward registration form/s and **min $100 deposit per person NO LATER THAN FRIDAY, 31st July 2017** to Alicia Jenkins at 4/4 Angophora Drive, Warabrook, NSW, 2304 or email: msaliciajenkins@gmail.com

**DIRECT DEPOSIT (PREFERRED METHOD OF PAYMENT)**

Please deposit funds into the following account:

**Short Statured People of Australia Inc.**

BSB: 062 246

Account No: 0080 0218

Please use your full name & state as the reference, and email msaliciajenkins@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.

**CREDIT CARD PAYMENT ( 4% SURCHARGE APPLIES)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME:** | | | | | |
| **ADDRESS DETAILS:** | | | | | |
| **Street Address** | | **Suburb:** | | **Country:** | **Postcode** |
| **Home Phone:** | **Mobile Phone:** | | **Email:** | | |
| **Payment amount:** |  | | | | |

|  |
| --- |
| Credit Card Number Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Final Payment needs to be made by **Monday 4th September.** If you have any queries please contact Alicia Jenkins on: 0404074323 or alternatively by email msaliciajenkins@gmail.com.

**2017 SSPA 50TH Anniversary Convention, Myuna Bay Sport and Recreation Centre**

**REGISTRATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** | | | | | | | | | | | | | | | |
| **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 | | | | | |
| **DETAILS OF ATTENDEES (for any extras, please attach another copy of this form):** | | | | | | | | | | | | | | | |
| **First Name** | **Surname** | **Age**  **18 and under** | **Short Statured** | **Require Lower bunk** | | **Require Linen**  **@**  **$25** | | **Uses a CPAP Machine for Sleep Apnea** | **Uses a wheelchair or scooter?** | | **Monday 23 September**  (Please select activity choice for each attendee) | | | | **COST** |
| Wine Tour | | ZOO | |
|  |  |  | Yes / No | Yes / No | | Yes / No | | Yes / No | Yes / No | |  | |  | |  |
|  |  |  | Yes / No | Yes / No | | Yes / No | | Yes / No | Yes / No | |  | |  | |  |
|  |  |  | Yes / No | Yes / No | | Yes / No | | Yes / No | Yes / No | |  | |  | |  |
|  |  |  | Yes / No | Yes / No | | Yes / No | | Yes / No | Yes / No | |  | |  | |  |
|  |  |  | Yes / No | Yes / No | | Yes / No | | Yes / No | Yes / No | |  | |  | |  |
|  |  |  | Yes / No | Yes / No | | Yes / No | | Yes / No | Yes / No | |  | |  | |  |
| **TOTAL COST** | | | | | | | | | | | | | | |  |
| Do you have any special requests or requirements? | | | | | | | | | | | | | | Yes / No | |
| If so, please detail: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

**2017 SSPA 50TH Anniversary Convention, Myuna Bay Sport and Recreation Centre**

**DIETARY & ALLERGY FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME:** | | | | | | | |
| **ADDRESS DETAILS:** | | | | | | | |
| **Street Address** | | | **Suburb:** | | | **Country:** | **Postcode** |
| **Home Phone:** | | **Mobile Phone:** | | **Email:** | | | |
| **First Name** | **Surname** | **DIETRY REQUIREMENT** | | | **ALLERGY** | | |
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In case of an allergic reaction does attendee need the use of an epi-pen Yes / No

Will the attendee have their epi-pen with them Yes / No

**2017 SSPA 50TH Anniversary Convention, Myuna Bay Sport and Recreation Centre**

**AIRPORT TRANSFER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you require pick up on arrival, Sunday 24th September and drop off Saturday 29th September? | | | | | | | | |
| Number of passengers |  | Are you traveling with an electric wheelchair/scooter? | | | Yes / No | Are you travelling with a pram? | | Yes / No |
| **SYDNEY DOMESTIC AIRPORT** | | | | | | | | |
| Arrival time at Airport: | | |  | Departure time at Airport: | | |  | |
| Airline: | | |  | Airline: | | |  | |
| Flight number: | | |  | Flight number: | | |  | |
| **NEWCASTLE AIRPORT** | | | | | | | | |
| Arrival time at Airport: | | |  | Departure time at Airport: | | |  | |
| Airline: | | |  | Airline: | | |  | |
| Flight number: | | |  | Flight number: | | |  | |
| Comments: | | | | | | | | |

**2017 SSPA 50TH Anniversary Convention, Myuna Bay Sport and Recreation Centre**

**PART-TIME ATTENDANCE**

## This form MUST be filled out if you are NOT staying full-time at the Myuna Bay Sports and Recreation Centre.

## Please fill out the table below by indicating the number of people who will be attending each event and if you will require overnight accommodation and transport.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY** | **DATE** | **EVENT** | **Overnight Accommodation Required** | **Adults & Secondary**  **14+ yrs** | **Kids**  **9 – 13 yrs** | **Kids**  **3– 8 yrs** | **Infants under 2 yrs** | **COST** |
| **Sun** | **24 Sept** | Dinner | YES / NO |  |  |  |  |  |
| Meet & Greet Evening |  |  |  |  |  |
| Mon | 25 Sept | Breakfast | YES / NO |  |  |  |  |  |
| Zoo |  |  |  |  |  |
| Wine Tour |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| A Trip down Memory Lane |  |  |  |  |  |
| Tue | 26 Sept | Breakfast | YES / NO |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Disco |  |  |  |  |  |
| Wed | 27 Sept | Breakfast | YES / NO |  |  |  |  |  |
| Port Stephens day tour |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Thurs | 28 Sept | Breakfast | YES / NO |  |  |  |  |  |
| Sports Day |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner |  |  |  |  |  |
| Short Arts Evening |  |  |  |  |  |
| Fri | 29 Sept | Breakfast | YES / NO |  |  |  |  |  |
| Medical Day |  |  |  |  |  |
| Morning Child Care (9am – 12pm) |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Dinner Dance |  |  |  |  |  |
| Child Care (6.30 pm till 11.30pm) |  |  |  |  |  |
| Sat | 30 Sept | Breakfast |  |  |  |  |  |  |
| **TOTAL COST** | | | | | | | |  |

**2017 SSPA 50TH Anniversary Convention, Myuna Bay Sport and Recreation Centre**

**CHILD CARE FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | | | Mobile Number: |
| I require Child Care for: | Medical Day: 9am till 12pm 󠅒󠅒 | | Dinner Dance: 6.30pm till 11.30pm 󠅒󠅒 | | |
| Child Name | Age | Required Medical information | | Other information | |
|  |  |  | |  | |
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## TEMPORARY GUARDIAN & MEDICAL RELEASE FORM

All minors (under the age of 18) attending the 2017 SSPA National Convention at, Muyna Bay Sports and Recreation Centre, from Sunday, 24th September to Saturday, 30th September without parent(s) or legal guardian must have a temporary guardian of at least 21 years old 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: |  |
| I hereby give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) to receive full medical treatment in the event of an emergency, including the administering of Panadol | |
| Panadol dose: | |
| Exceptions (if any): | |
| Allergies/medications (if applicable): | |
| I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) to be the legal guardian for my minor child during the week of Sunday, 24th September to Saturday, 30th September 2017 during the SSPA Convention to be held at Myuna Bay Recreation Centre. | |

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

|  |  |
| --- | --- |
| **Guardian’s Details:** | |
| Name (must be over 21) |  |
| Signature |  |
| Address |  |
| Phone number |  |
| Mobile number |  |