



Stratford Sister Cities World Reunion 2018
Victoria, Australia

REGISTRATION

one form per registration please

Name: _____

Personal Details:

First Name _____

Surname _____

Preferred Name _____

Gender _____

Mobile/Cell _____

email _____

Age Band: Under 50 ☐ Over 50 ☐ Youth Ensemble Member **Yes** ☐ **No** ☐ Age _____

Name of responsible adult traveling with you if under 18 yrs _____

Accommodation Options: -

Home Stay **Yes** ☐ **No** ☐

Single (If Available) **Yes** ☐ **No** ☐

Twin – Sharing
(With) _____

Twin – Happy To Share **Yes** ☐ **No** ☐

Double
(With) _____

Own Arrangements **Yes** ☐ **No** ☐

Private Accommodation or Motel at own expense.

If yes please provide name/address of property and contact number whilst in Australia.

Please name any folk in Stratford, Victoria, with whom you would like to stay

Smoking ☐ Non-Smoking ☐ **NB: All Homes Are Non Smoking**

Would you prefer to stay in a pet free home **Yes** ☐ **No** ☐

Are you allergic to CATS ☐ **DOGS** ☐ **BIRDS** ☐

Do you have mobility difficulties? (Using Stairs, Shower Over Baths etc.)

Do you have specific food allergies or medical dietary requirements?

Interests and Hobbies



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Name: _____

Arrival Details: -

Are you interested in a group transfer from Melbourne **Yes** ☐ **No** ☐

Date of arrival into Australia _____ Time of arrival _____

Flight Number & Airline _____

Would you like details about return transfers to Melbourne **Yes** ☐ **No** ☐

Reunion Shirt Sizes:

Chest Measurements – please circle one

107cm

117cm

127cm

137cm

112cm

122cm

132cm

142cm

Emergency Contact Details: -

Contact Person (Not Travelling With You) _____

Phone Contact _____

Email Address _____

Please note: On arrival please provide a doctor's letter listing your medical conditions and current medications, in a named sealed envelope. Also include an emergency contact back home – name, relationship and phone number. This will only be used in an emergency and will be returned to you at the end of the reunion.

Payment Details: -

Early Bird Registration AUD\$350.00 **Due BY 02 February 2018**

Registration after 2 February AUD\$385.00 Due BY 01 June 2018



Direct Payments Can Be Made To: -

Bank Name	Bendigo and Adelaide Bank Ltd
Address	Princes Hwy, Stratford, Victoria, Australia, 3862
Swift Code	BENDAU3B
BSB	633000
Account Number	111665030
Account Name	Stratford Victoria Sister Cities Inc.

Please return this form to **svsc2018hosting@gmail.com** or mail to

Stratford Sister Cities World Reunion, PO Box 116, Stratford, Victoria AUS, 3862