

RSCDS NMWC Region Day School 2025

Registration Form

Name: RSCDS Number:

Address:

Phone: Email:

Emergency Contact Name: Phone:

Any Medical Conditions:

Any Dietary requirements:

Class: ☐ Development ☐ Advanced

Please discuss your class choice with your Club's tutor/s

Club: Tutor's Full Name/s:

Club Tutor's Signature/s:

Please email your completed registration form to:
Kelly Walker: nelsonmarlboroughwestcoast@dancescottish.org.nz

Account for Payments: 03-0703-0387707-00
Account Name: RSCDS NMWC Region

Please use your name as the reference when paying