

# 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](mailto: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