



REGISTRATION FORM

10 to 13 April 2009 (Easter) Castle Mountain (Webbs Creek Rd, Wisemans Ferry NSW)

Post Registration Form together with payment to: 15th Historical Conference
PO Box 276
Roseville NSW 2069

Date: ____/____/____

Your Details

Surname: _____ Given names: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: (____) _____ Email: _____

Gender: _____ Date of Birth: ____/____/____ Under 18? ☐ Yes ☐ No (tick one)
(at time of Conference)

Club/Affiliations

Club (If applicable): _____ Contact person: _____

Club contact Phone: (____) _____ Email: _____

Member (tick one): ☐ ALHF ☐ QLHF ☐ Other (please specify): _____

Payment (tick one)

Adults

- ☐ \$260 payment by 31st July 2008
☐ \$300 payment by 31st Dec 2008
☐ \$340 payment by 31st March 2009

Children*

- ☐ 0-5 years Free
☐ 5-11 years \$170
☐ 11-18 years \$260

*Children's rates are fixed

Please make Cheques or Money Orders to: 15th Historical Conference Inc
Clubs can make a group payment but a Registration Form for EACH person attending must accompany payment
Postmark dates will be used for determining cut off date for payment

Attendance (tick one)

I intend to arrive on site on ☐ Thursday ☐ Friday

I intend to leave the site on ☐ Monday ☐ Tuesday

Camping

I will be part of a (tick one): ☐ Period Encampment ☐ Non-Period Encampment

If Period Encampment which period (tick one):

☐ Ancient ☐ Dark Age ☐ Varangian/Crusade ☐ High Mediaeval ☐ Renaissance

Comments: _____



Activities

Do you intend to run/host a Workshop? ☐ Yes ☐ No (tick one)

Details: _____

Do you intend to have a Market Stall? ☐ Yes ☐ No (tick one)

If so, do you have any special requirements? _____

(please note that all sellers must comply with the appropriate NSW Laws and Regulations)

Other Activities/Displays? ☐ Yes ☐ No (tick one)

Details: _____

Special Requirements

Dietary

☐ Vegetarian ☐ Food Allergies (Specify) ☐ Other (Specify)

Details: _____

Transport

Will you be requiring transport to the site? If so we will put you in contact with others in a similar situation to help co-ordinate transport.

Details: _____

Accommodation (preference given to international, West & South Australians and FNQ)

Will you require hard accommodation? ☐ Yes ☐ No (tick one)

Details: _____

Horses

Do you intend to bring a horse? ☐ Yes ☐ No (tick one)

Please note horse owners are responsible for the care, maintenance and providing corralling for their horses. Please advise your requirements:

Details: _____



Beverages (details will be passed onto the people/group that runs the Tavern)
Please nominate your preferred drinks

Cider	<input type="checkbox"/> Beer (state preferred)	Mead	Non Alcoholic
<input type="checkbox"/> Sweet	_____	<input type="checkbox"/> Spiced	<input type="checkbox"/> Apple Juice
<input type="checkbox"/> Dry	_____	<input type="checkbox"/> Honey	<input type="checkbox"/> Orange Juice
<input type="checkbox"/> Draught	_____		<input type="checkbox"/> Bottled Water
			Soft Drinks (state preferred)

Comments: _____
