



FAR NORTH QUEENSLAND REGIONAL COMMITTEE OF HIGHLAND DANCING INC.

2024 COMPETITION REGISTRATION APPLICATION

ASSOCIATION NAME: _____

ORGANISER'S NAME: _____

EMAIL: _____

CONTACT NUMBER: _____

DATE OF COMPETITION: _____

PLEASE ADVISE OF THE FOLLOWING:

DATE SIGNED CODE OF ETHICS FORM SENT TO SECRETARY: _____

3 MONTHS PRIOR TO THE PROPOSED COMPETITION DATE, PLEASE EMAIL

fnqcompetitionregistrar@outlook.com THE FOLLOWING:

DRAFT COPY OF SCHEDULE FOR PROPOSED COMPETITION

PAYMENT RECEIPT FOR \$30 COMPETITION REGISTRATION FEE PAYABLE TO FNQRCHDI

Signature

Name

Date