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**2024 Lions District 201C1 Convention**

**11th – 13th OCTOBER 2024**

# Convention Registration Form

Convention Location: Cowell Institute

Main Street, Cowell, SA

**Contact Details of Person Submitting Form:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Club Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|   |  | **Title** | **First /Preferred Name** | **Family Name** | **First Convention? Tick for Yes**  |
| **Lion**  | 1  |   |  |  | [x]  |
| **Lion** | 2 |   |  |  | [x]  |
| **Partner**  | 3  |   |   |   | [x]  |
| **Guest**  | 4  |   |   |   | [x]  |

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| **DATE** | **EVENT** | **TIME** | **Location** |
| Friday 11th October | Delegate Registration  Session 1 – Convention OpeningFlag CeremonyMayoral ReceptionFellowship  | 3.30 pm – 5.00 pm5.00 pm – 9.00 pm | Cowell Sporting ComplexCowell InstituteTurner’s BarnCowell Marina (Weather permitting) |
| Saturday 12th October | Delegate Registration  Session 2 – AGMWelcome, protocols, acknowledgements AGM *includes Morning Tea* | 7.30 am – 8.30 am8.45 am – 12.15 pm |
| *Lunch* | *12.15 pm – 1.15 pm* |
|  Session 3 Guest Speaker Guest Speaker *Afternoon Tea* Guest Speaker Forums/Info session | 1.30 to 4.30 pm |
| Saturday 12th OctoberEvening | **District Dinner Turners Barn***(Nibbles, Oysters, (Two)* Course Dinner Entertainment, Raffle & Silent Auction *(Sheep Shearing, Oyster Shucking)*Dress: Coast to Country *(Shearers, Squatters Fishermen, Surfers, Beach babes etc)*Music by Kingsley Smith | 6.00 pm for 6.30 pm 8.30pm till late |
| Sunday 13th October | Breakfast at Cowell Marina, *Sponsored by Richmond Lions Club*  | 9.00 am – 10.00 am |
|  *Remembrance ceremony* | 10.00 am – 10.30 am |
| Closing Ceremony and Remarks.Flag handover to City of Adelaide Club | 10.30am – 11.00 am |

**Program may change**

**Dietary needs**

First Name: Family Name:

Gluten Intolerant: [x]  Lactose Intolerant: [x]  Vegetarian: [x]  Vegan: [x]  Diabetic: [x]

Other Dietary requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: Family Name:

Gluten Intolerant: [x]  Lactose Intolerant: [x]  Vegetarian: [x]  Vegan: [x]  Diabetic: [x]

Other Dietary requirements \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payments**

**Section A – Full Registration\***

Friday night, Conference, Saturday Dinner & Sunday breakfast/closing ceremony @ $120 pp No: \_\_\_

Convention pins will be available **Total Section A: $\_\_\_\_\_\_**

**Section B: Individual Event Tickets**

Friday Mayoral Reception @ $10 pp No: \_\_\_\_\_\_

Saturday Lunch, refreshments @ $15 pp No: \_\_\_\_\_\_

Gala Dinner Only @ $60 pp No: \_\_\_\_\_\_

 **Total Section B: $\_\_\_\_\_\_\_\_**

 **Total Section A & B: $\_\_\_\_\_\_\_\_**

**Payment Methods:**

 *EFT/Direct Transfer*

* *Please transfer the total amount payable to the account details below:*
* Account Name: Cowell Lions Club Convention

BSB: 105 106 Account No: 020895240

 Bank: BankSA, Cowell Branch

* Please use your family name and initial as subject or reference

*Other payment*

* + Cheques to be made payable to: Cowell Lions Club Convention
	+ Cheques posted to: PO Box 97, Cowell, SA 5602

Upon payment, please email remittance notice to Convention Treasurer: Bruce at bruce.judyf@bigpond.com

**Please submit completed Registration forms either by email or postal by Monday 30th September 2024**

* Bruce.judyf@bigpond.com

**or**

* **PO Box 97, Cowell, SA, 5602**

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| **Office Use** | **ENTERED:** |