

Scottish Association of Magical Societies

Kilmarnock Convention Friday 4th May to Sunday 6th May 2012

NAMES OF REGISTRANTS (Please add additional names on attached form)

Member _____

Partner _____

Address _____

Tel: _____ Club _____

Registration Rates

<i>Members of Affiliated Clubs & Partners, and those living out with Scotland</i>			<u>No.</u>	<u>Cost</u>
Weekend Registration Full (Including Gala Show)		£40.00		
Saturday Only (Including Gala Show)		£28.00		
Friday Only		£10.00		
Sunday Only		£12.00		

(Persons attending on the Friday Night to register for the Saturday will be charged the full weekend rate)

<i>Non-Members (excluding above)</i>				
Weekend Registration (Including Gala Show)		£45.00		
Saturday Only (Including Gala Show)		£33.00		
Sunday Only		£15.00		

<i>Juniors (under 16 years) attending with a full paying adult get in free but require to pay for a Gala Show Tickets at £5.50, please indicate below. Only one free junior per full paying adult.</i>				
Weekend Registration (Including Gala Show)		£20.00		
Saturday Only (including Gala Show)		£15.00		
Sunday Only		£8.00		

<i>Miscellaneous</i>				
Gala Show		£7.50		
Gala Show (child/concession)		£5.50		
Gala Family Ticket (2 adults + 2 Children)		£20.00		

Farewell Lunch (Book by 19 th April)		£16.00		
Farewell Lunch Under 16		£12.50		
Ladies Event		No cost		

Amount Payable to S.A.M.S.

£

Please also indicate if you will be interested taking the High Tea on the Saturday evening before the Gala Show. This is to be paid to the Hotel on the night. Price to be confirmed.

Number Required

Please return with the correct payment and a **stamped addressed envelope** to:

Janet Colvan, Registration Officer
3/2 67 Inglefield St Glasgow G42 7AN

Email janet.colvan@gmail.com
Tel: 0141 585 5222

Additional Registrants

2. NAMES OF REGISTRANTS

Member _____

Partner _____

Address _____

Tel: _____ Club _____

3. NAMES OF REGISTRANTS

Member _____

Partner _____

Address _____

Tel: _____ Club _____

4. NAMES OF REGISTRANTS

Member _____

Partner _____

Address _____

Tel: _____ Club _____

5. NAMES OF REGISTRANTS

Member _____

Partner _____

Address _____

Tel: _____ Club _____