



**FREMANTLE SAILING CLUB**  
**151 MARINE TERRACE FREMANTLE**  
**16<sup>TH</sup> TO 18<sup>TH</sup> OCTOBER 2026**

**REGISTRATIONS CLOSE 9<sup>TH</sup> OCTOBER 2026**

|                  |  |
|------------------|--|
| <b>CLUB NAME</b> |  |
|------------------|--|

**Registration Details**

*(Title Designations: Lion, Leo, ID, CC, PCC, DG, PDG, PIP, PID, Lions Partner, Non-Lion)*

|                   | Title | Given name | Surname | First Convention         |                          |
|-------------------|-------|------------|---------|--------------------------|--------------------------|
|                   |       |            |         | Yes                      | No                       |
| <b>Registrant</b> |       |            |         | <input type="checkbox"/> | <input type="checkbox"/> |
| Street / P.O. Box |       |            |         |                          |                          |
| Suburb            |       |            | State   |                          | Postcode                 |
| Email             |       |            | Phone   |                          |                          |
| Emergency Contact |       |            | Phone   |                          |                          |
|                   | Title | Given Name | Surname | First Convention         |                          |
|                   |       |            |         | Yes                      | No                       |
| <b>Partner</b>    |       |            |         | <input type="checkbox"/> | <input type="checkbox"/> |
| Street / P.O. Box |       |            |         |                          |                          |
| Suburb            |       |            | State   |                          | Postcode                 |
| Email             |       |            | Phone   |                          |                          |
| Emergency Contact |       |            | Phone   |                          |                          |
|                   | Title | Given Name | Surname | First Convention         |                          |
|                   |       |            |         | Yes                      | No                       |
| <b>Guest</b>      |       |            |         | <input type="checkbox"/> | <input type="checkbox"/> |
| Street / P.O. Box |       |            |         |                          |                          |
| Suburb            |       |            | State   |                          | Postcode                 |
| Email             |       |            | Phone   |                          |                          |
| Emergency Contact |       |            | Phone   |                          |                          |

**LIFT ACCESS AVAILABLE**

Please indicate any food allergies/dietary or other special needs:

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| Date                      | Hospitality Description                                                      | Cost | No. | Total \$ |
|---------------------------|------------------------------------------------------------------------------|------|-----|----------|
| Friday 16 <sup>th</sup>   | Evening Dinner                                                               | \$70 |     | \$       |
| Saturday 17 <sup>th</sup> | Convention Catering Package MT/Lunch/AT                                      | \$60 |     | \$       |
| Saturday 17 <sup>th</sup> | Evening Sundowner                                                            | \$40 |     | \$       |
| Sunday 28 <sup>th</sup>   | Morning Tea                                                                  | \$30 |     |          |
|                           | Convention Pin                                                               | \$8  |     | \$       |
|                           | Hard copy of Convention Program – on line copy will be available to download | \$5  |     | \$       |
|                           | <b>TOTAL COST</b>                                                            |      |     | \$       |

**Convention Registration forms to be emailed to:**

**margamm@live.com.au**

**DIRECT DEPOSIT - PREFERRED METHOD OF PAYMENT**

Please **deposit to** the following account (quote your name as reference)

**LIONS District 201 WA Convention Account**

**BSB: 036 123**

**Account Number: 554366**

**CHEQUE**

Post form & cheque made out District 201WA Convention Account

PO Box 435 FREMANTLE WA 6959

Select  
Payment  
Option

|  |
|--|
|  |
|--|

**DO YOU NEED ACROD PARKING LIFT ACCESS AVAILABLE**

**YES/NO**