



# Day Visitors Registration

## Section A — Individual Registration Details

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mob No: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated day and time of arrival: \_\_\_\_\_

Individual: \$20 a day <i>Please tick which days you will be attending</i>			
Friday - \$20	Saturday - \$20	Sunday - \$20	Monday - \$10

## Section A — Couple Registration Details

Surname: \_\_\_\_\_ Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mob No: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated day and time of arrival: \_\_\_\_\_

Couple: \$30 a day <i>Please tick which days you will be attending</i>			
Friday - \$30	Saturday - \$30	Sunday - \$30	Monday - \$15

## Section A — Family Registration Details

Surname: \_\_\_\_\_ Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mob No: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated day and time of arrival: \_\_\_\_\_

Family: \$50 a day <i>Please tick which days you will be attending (please fill in section B on page 8 for all family members)</i>			
Friday - \$50	Saturday - \$50	Sunday - \$50	Monday - \$25

Transfer totals to grid on page 13

**Section A Total \$** \_\_\_\_\_

# Accommodation Section

All beds at Arahina are BYO linen (linen can be requested in section E)  
 Minimum 3 night stay, All beds are priced at per person per night - pp/pn.

<b>Section C — ATI Enrolled</b>	<b>Early Bird Rate Paid by 20th Dec</b>	<b>Paid after 20th Dec</b>	<b>Thursday</b> Please write number of beds for each night	<b>Friday</b> Please write number of beds for each night	<b>Saturday</b> Please write number of beds for each night	<b>Sunday</b> Please write number of beds for each night	<b>Early Bird Rate Total No. of beds</b>	<b>Total No. of beds</b>	<i>Total amount</i>
Parklands room, per person, per night	<b>\$20 pp/pn</b>	<b>\$25 pp/pn</b>					___@ <b>\$20</b>	___@ <b>\$25</b>	
Main House, per person, per night	<b>\$13 pp/pn</b>	<b>\$16 pp/pn</b>					___@ <b>\$13</b>	___@ <b>\$16</b>	
Country Lodge, per person, per night	<b>\$10 pp/pn</b>	<b>\$12 pp/pn</b>					___@ <b>\$10</b>	___@ <b>\$12</b>	
Tent Site, per person per night. Capped at \$30/\$35 whole family per night	<b>\$4 pp/pn \$30 pn cap</b>	<b>\$5, \$35 pp/pn</b>					___@ <b>\$4</b>  or ---@ <b>\$30</b>	___@ <b>\$5</b>  or ---@ <b>\$35</b>	
South Island Families - Contact Evan Tyler for further discount									

Transfer totals to grid on page 13

**Section C Total \$** \_\_\_\_\_

<b>Section D — Not Enrolled</b>	<b>Early Bird Rate Paid by 20th Dec</b>	<b>Paid after 20th Dec</b>	<b>Thursday</b> Please write number of beds for each night	<b>Friday</b> Please write number of beds for each night	<b>Saturday</b> Please write number of beds for each night	<b>Sunday</b> Please write number of beds for each night	<b>Early Bird Rate Total No. of beds</b>	<b>Total No. of beds</b>	<i>Total amount</i>
Parklands room, per person, per night	<b>\$30 pp/pn</b>	<b>\$35 pp/pn</b>					___@ <b>\$30</b>	___@ <b>\$35</b>	
Main House per person per night	<b>\$20 pp/pn</b>	<b>\$25 pp/pn</b>					___@ <b>\$20</b>	___@ <b>\$25</b>	
Country Lodge per person per night	<b>\$15 pp/pn</b>	<b>\$20 pp/pn</b>					___@ <b>\$15</b>	___@ <b>\$20</b>	
Tent Site, per person per night. Capped at \$50/\$60 whole family per night.	<b>\$8, pp/pn \$50 pn cap</b>	<b>\$10, pp/pn \$60 pn cap</b>					___@ <b>\$8</b>  or ---@ <b>\$50</b>	___@ <b>\$10</b>  or ---@ <b>\$60</b>	
South Island Families - Contact Evan Tyler for further discount									

Transfer totals to grid on page 13

**Section D Total \$** \_\_\_\_\_

<b>Section E - Linen costs - beds will be made</b>	<i>No. Beds</i>	<i>Total Amount</i>
Bed Set \$13 ea. (Includes, towels and shower mats)		

Transfer totals to grid on page 13

**Section E Total \$** \_\_\_\_\_

# Meals Section - Includes all Morning and Afternoon Teas during Family Conference

- First catered meal is Thursday dinner continuing until the conclusion at Monday lunch.

Section F — Meals	No. of people	Thurs	Fri	Sat	Sun	Mon	Total No. of meals	Total \$
Breakfast: Adult and Child, \$3 each							___@\$3	
Lunch: Child \$3 (12 and under)							___@\$3	
Lunch: Adult \$6							___@\$6	
Dinner: Child \$4 (12 and under)							___@\$4	
Dinner: Adult \$7							___@\$7	
<b>Family Maximum:</b> \$100 per day or \$400 for the whole conference. First catered meal is Thursday dinner continuing until the conclusion of Monday lunch. (Total of 4 Full days)	No. 12 & under							
	No. over 12							
<b>Families with all children 12 &amp; under:</b> Maximum \$250 for the whole conference. First catered meal is Thursday dinner continuing until the conclusion of Monday lunch.	No. 12 & under							Flat Rate \$250
<b>Dietary Allergies: \$5 Surcharge per person per day.</b>							___@\$5	

Transfer totals to grid on page 13

**Section F Total \$** \_\_\_\_\_

Section G		
Ham Free	No. of Children	No. of Adults

Section H—Dietary Allergies (Please note this is for food <u>Allergies</u> only. We can not cater for other dietary preferences)	
Name (s)	Allergy

Section I — Donation (receipt will be given) Please indicate how you would like your donation used
South Island Families Ferry or Accommodation Costs
Paying another Family's Enrolment
Other

Transfer totals to grid on page 13

**Section I Total \$** \_\_\_\_\_

# ATI Student Conference Registration

**Section J - Students Conference 14+ Unenrolled students can only attend if they have attended with their parents at family conference**  
**(Accommodation is free for ATI Enrolled Students that have served during ATI Family Conference.)**

Name	Age	M/F	Conference Fee per student: ATI Enrolled \$25 Unenrolled \$50	Accommodation: ATI Enrolled \$30 Unenrolled \$50	Meals \$50	Total

Transfer totals to grid on page 13

**Section I Total \$** \_\_\_\_\_

**Section K -Dietary Allergies** (Please note this is for food Allergies only. We can not cater for other dietary preferences)

Name (s)	<i>Allergy</i>

**Section L - Travelling Students.**

(This section is for students travelling via public transport or via other special arrangements)

Name:	Arrival Time and Place	Departure Time and Place

**Section M - ATI Enrolled Families staying on to serve for Student Conference**

Note Accommodation is free for all family members.

Meals A donation would be appreciated

\$ \_\_\_\_\_

Names of all family members staying (Do Not include those attending the Student Conference)

Transfer totals to grid on page 13

**Section L Total \$** \_\_\_\_\_ 12

## Section Totals (All Pages)

Registration should be completed and paid for by Thursday 3rd January 2019

<b>Section A</b> Conference Attendance	\$ _____
<b>Section B</b> Children's Institute Programme and Little Fishers	\$ _____
<b>Section C, D,</b> Accommodation	\$ _____
<b>Section E</b> Linen	\$ _____
<b>Section F</b> Meals	\$ _____
<b>Section I</b> Donations	\$ _____
<b>Section J</b> Student Conference	\$ _____
<b>Section M</b> Meal Donation	\$ _____
<p>All prices are inclusive of GST. Tick if you require a GST receipt. <input type="checkbox"/> Grand Total: \$ _____</p>	

Thank you for completing this registration form. If you have registered in Sections A and C, as "ATI Enrolled", then you will also need to complete the separate Enrolment form and send it before the 15 December 2018.

Please make cheques payable to Advanced Training Institute. These forms can be either posted, scanned and emailed, or PDF downloaded and filled in then emailed to: [atinzlc@gmail.com](mailto:atinzlc@gmail.com)

Internet Banking:  
02-0208-0283126-00  
In the reference fields please put your Surname, 2019 Family Conference Dot Marshall will confirm payment via email.



ATI Family Conference Registration  
C/O Evan Tyler  
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