

Big Sky Handbell Festival Registration – Due

PLEASE COMPLETE ELECTRONICALLY AND EMAIL COMPLETED FORM TO:

Choir Name: _____ Organization: _____ HMA Membership # (optional) : _____
 Street Address: _____ Director Name: _____ Director Phone: _____
 City, State, Zip Code: _____ Director Email: _____ Other contact info: _____

“Orphan” Ringer(s)? Yes. If Yes, email your ringing position preferences to: _____

Floor Space Requirements: First Row: _____ ft. Second Row: _____ ft. Comments/Requests: _____

Playing Challenge Piece? Yes No Age of youngest & oldest participants (for opening/closing bell): Youngest: _____ yrs Oldest: _____ yrs

| Name (as it should appear on name tag) | | Registration Fee | Association Fee | Director Seminar | ***Optional Lunch*** | | (No T-shirts - leave these columns blank) | | | | | |
|---|--|--|-----------------|---------------------|----------------------|--------------|---|--|--|--|--|--|
| | | | | | per person | Lunch Choice | | | | | | |
| Attach an additional registration page if necessary | | per participant | per participant | per participant | per person | Lunch Choice | | | | | | |
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| Additional Lunch | | | | | | | | | | | | |
| Additional Lunch | | | | | | | | | | | | |
| Additional Lunch | | | | | | | | | | | | |
| Subtotals: | | | | | | | | | | | | |
| Total Amount Due: | | Payable to Big Sky Handbell Musicians (one check per group preferable). Mail payment to: _____ | | | | | | | | | | |

Big Sky Use Only: Date Received: _____ Check# : _____ Date Deposited: _____ Date Receipt Sent: _____ Floor Placement Ranking: _____