

Big Sky Handbell Festival Registration – Due

PLEASE COMPLETE ELECTRONICALLY AND EMAIL COMPLETED FORM TO:

Choir Name: _____
Street Address: _____
City, State, Zip Code: _____

Organization: _____
Director Name: _____
Director Email: _____

HMA Membership # (optional) : _____
Director Phone: _____
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 per participant	Association Fee per participant	Director Seminar per participant	***Optional Lunch***		(No T-shirts - leave these columns blank)					
				per person	Lunch Choice						
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
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: _____