

_____ BIG SKY HANDBELL FESTIVAL REGISTRATION – DUE: _____

PLEASE COMPLETE AND MAIL FORM TO: _____ OR ATTACH TO AN EMAIL TO: _____

Choir Name: _____ **Organization:** _____ **HMA Membership # (optional)** _____

Street Address: _____ **Director Name:** _____ **Director Phone:** _____

City, State, Zip Code: _____ **Director E-mail:** _____ **Other Contact info:** _____

“Orphan” Ringer? Yes If yes, enter your ringing preference(s): _____

If your choir would welcome an orphan ringer, please indicate available positions _____

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: _____ Oldest: _____

Name (as it should appear on nametag)	Registration Fee	Director's Seminar (opt)	***Optional Lunch***		Total \$ per person
	Per participant	Per participant	Per person	Lunch Choice	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	Lunch Only				
	Lunch Only				
	Lunch Only				
	Subtotals:				
Total Amount Due:			Payable To: Big Sky Handbell Musicians (one check per group). Mail To: _____		

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