

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 : _____ Director E-mail: _____ Reg Contact: _____ tact

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

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: _____