



American Choral Directors Association of Minnesota (ACDA-MN)
STATE HONOR CHOIR SELECTED STUDENT REGISTRATION

DIRECTOR'S RETURN FORM

Return this completed form with notarized student registration forms.
Combined payment by credit card at: www.MNHonorChoirs.org, or pay with one institutional or personal check payable to ACDA-MN

Director Name _____ Institution _____

Institution Street Address _____

City _____ State _____ Zip _____

Email _____ Phone: (_____) _____

Name of Honor Choir Represented (circle): 4-5-6 Boys 4-5-6 Girls 7-8 TTB 7-8 SSA 9-10 SSAA 9-10 SATB

NAME OF STUDENT/S (please print)

REGISTRATION FORM

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Deadline to return forms and ONE payment:

7-8 TTB & 7-8 SSA
9-10 SSAA and SATB
4-5-6 Boys and Girls

Wednesday, November 1
Wednesday, December 6
Wednesday, March 28

Collect all forms together in order and send to:

Contact Information:

Bruce W. Becker, Executive Director
13288 Downey Trail • Apple Valley MN 55124

execdirector@acda-mn.org
952.270.7489