



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 TBB** **9-10 SATB**

NAME OF STUDENT/S (please print)

**REGISTRATION
FORM**

**BEHAVIOR
CONTRACT**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Deadline to return forms and ONE payment:

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

**Wednesday, October 31
Wednesday, December 5
Wednesday, March 27**

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

www.MNHonorChoirs.org