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

DIRECTOR'S RETURN FORM & PAYMENT INVOICE

Return this completed form along with selected student registration forms. Use additional Director's Return Form/s if needed.

Director Name_____ Institution_____

Institution Street Address_____

City_____ State _____ Zip _____

Email _____ Phone: (_____) _____

Names of Honor Choirs (include under '**CHOIR**' below) **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)	CHOIR	PAYMENT AMOUNT	PAYMENT CC or Check	REGISTRATION FORM	BEHAVIOR CONTRACT
1._____	_____	$_____	_____	_____	_____
2._____	_____	$_____	_____	_____	_____
3._____	_____	$_____	_____	_____	_____
4._____	_____	$_____	_____	_____	_____
5_____	_____	$_____	_____	_____	_____
6._____	_____	$_____	_____	_____	_____
	TOTAL:	**$_____**			

Deadline to return forms with ONE payment:	**7-8 TTB & 7-8 SSA**	**Wednesday, October 31**
	9-10 SSAA, TBB & SATB	**Wednesday, December 5**
	4-5-6 Boys and Girls	**Wednesday, March 27**
Contact information:	**execdirector@acda-mn.org**	**952.270.7489**

Collect and alphabetize all forms/group together for the same choir and send to:

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

Payment Options (please check preference)

_____Credit Card at: **Date Submitted:_____**
http://mnhonorchoirs.org/select-students-registration/

_____Enclosed institutional/personal check payable: ACDA-MN