



**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 one Director's Return Form for EACH CHOIR.

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) <small>(Use one Director's Return Form for EACH CHOIR)</small>	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
9-10 SSAA, TBB & SATB
4-5-6 Boys and Girls

Wednesday, October 30
Wednesday, December 4
Wednesday, March 25

Contact information:

execdirector@acda-mn.org

952.270.7489

Collect and alphabetize all forms. Please group together for the each 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