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

2021-22 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 CTB** **7-8 SSA** **9-10 SSAA** **9-10 TBB** **9-10 SATB**

NAME OF STUDENT/S (please print) (Use one Director's Return Form for **EACH CHOIR**)	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:

9-10 SSAA, TBB, & SATB: **Friday, December 17**
7-8 SSA & CTB: **Wednesday, March 2**
4-5-6 Boys & Girls: **Wednesday, March 23**

Contact information: **execdirector@acda-mn.org** **952.270.7489**

Collect and alphabetize all forms. Please group together for 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**