



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

2022-23 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 Choir 1/Gehrz 4-5-6 Choir 2/Amundson 7-8 CTB 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:

9-10 SSAA, TBB, & SATB:	Wednesday, December 7
4-5-6 Choir 1 & Choir 2:	Wednesday, March 15
7-8 CTB & SSA:	Wednesday, March 29

Contact information: jandrews@acda-mn.org 612.248.1120

Collect and alphabetize all forms. Please group together for each choir and send to:

Payment Options (please check preference)

**Jamie Andrews, Executive Director
ACDA of Minnesota
4445 44th Avenue South • Minneapolis MN 55406**

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

_____ **Enclosed institutional/personal check payable: ACDA-MN**