



**American Choral Directors Association of Minnesota
STATE HONOR CHOIR SELECTED STUDENT REGISTRATION**

2023-24 DIRECTOR'S REGISTER/PAYMENT FORM

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/Wanyama 4-5-6 Choir 2/Pedde 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: | Wed, Dec 6 |
| 4-5-6 Choir 1 & Choir 2: | Wed, Feb 21 |
| 7-8 CTB & SSA: | Wed, March 13 |

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