

# 2022 Annual FL State Festival Registration Form

Early Bird Registration Deadline: December 15, 2021  
Final Registration Deadline: February 1, 2022 (or as space allows)

Contact Name: \_\_\_\_\_ Guild Membership #: \_\_\_\_\_

I am registering as an individual and I prefer to ring in the \_\_\_\_\_ and/or \_\_\_\_\_ position.

Church/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (to be used for Area 4 events) \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Ringin Division (Choose one):  Tin  Copper

Floor Space Required:  2 octaves/12 feet  2-3 octaves/18 feet  3 octaves/24 feet  
 4 octaves/30 feet  5 octaves/36 feet  Other: \_\_\_\_\_ feet

We are willing to host orphans within our choir.

We have these positions available: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

We will need \_\_\_\_\_ additional feet of tables for orphans.

Our group would like to perform the following selection in the final Showcase:

Title: \_\_\_\_\_ Catalog Number \_\_\_\_\_

Composer: \_\_\_\_\_ Performance Time \_\_\_\_ min \_\_\_\_ Sec

I/we give consent for pictures taken at the festival to be used for promotional purposes.

I/we will follow all guidelines set by Area 4 in regards to safety for COVID-19 at the time of the event.

# 2022 Annual Florida State Festival Registration Form (continued)

For ALL registrants (ringers/youth/guests/chaperones), submit the first and last names of the attendees using their **preferred first name** (for their nametag). For each person, circle ALL the applicable codes:

**BC:** Participating in the Bronze Choir **FL:** Friday Lunch (additional charge) **G:** Guests/Chaperones **V:**Vegetarian Meals  
**GF:** Gluten-free (*We are sorry we cannot yet accommodate vegan or other special diets.*)

1.	_____	BC	FL	G	V	GF
2.	_____	BC	FL	G	V	GF
3.	_____	BC	FL	G	V	GF
4.	_____	BC	FL	G	V	GF
5.	_____	BC	FL	G	V	GF
6.	_____	BC	FL	G	V	GF
7.	_____	BC	FL	G	V	GF
8.	_____	BC	FL	G	V	GF
9.	_____	BC	FL	G	V	GF
10.	_____	BC	FL	G	V	GF
11.	_____	BC	FL	G	V	GF
12.	_____	BC	FL	G	V	GF
13.	_____	BC	FL	G	V	GF
14.	_____	BC	FL	G	V	GF
15.	_____	BC	FL	G	V	GF
16.	_____	BC	FL	G	V	GF
17.	_____	BC	FL	G	V	GF
18.	_____	BC	FL	G	V	GF

# 2022 Annual Florida State Festival Registration Payment Form (continued)

## Registration Costs

Rental Tables (6' tables)	Number of Tables Needed _____	x \$15	\$ _____
Friday Lunch (pre-order only)		x \$10	\$ _____
Member Registration*	Postmarked by 12/15/2021 _____	x \$70	\$ _____
	After 12/15/2021 _____	x \$80	\$ _____
Non-Member Registration		x \$95	\$ _____
Guest Registration (for meals)	Number of Guests _____	x \$35	\$ _____
<b>Registration Sub-Total</b>			<b>\$ _____</b>

\*Only one membership number needed per group.

## Lodging Costs

# of ringer in single room	Friday night only _____	x \$64	\$ _____
# of ringers in a double room	Friday night only _____	x \$44	\$ _____
# of ringer ins a single room	Thursday & Friday night _____	x \$128	\$ _____
# of ringers in a double room	Thursday & Friday night _____	x \$88	\$ _____
Lodging at another locations	Per person _____	x \$20	\$ _____
<b>Lodging Sub-Total</b>			<b>\$ _____</b>

**TOTAL FOR EVENT (registration & lodging) \$ \_\_\_\_\_**

Payments can be made via check or PayPal.

Checks: Make checks payable to "Handbell Musicians of America, Area 4". Please submit one check if registering as a group. Checks can be mailed to Lynne Homan, Registrar

PayPal: Online payments can be made through PayPal at [PayPal.me/Area4Handbells](https://www.paypal.com/area4handbells). Please add a transaction fee of 3% to your payment. If you have questions concerning PayPal, please contact Kathryn: treasurer.area4@handbellmusicians.org BEFORE submitting payment.

Mail registration forms and /checks to the address below. Registration forms can be emailed to fl.area4@handbellmusicians.org. if paying by PayPal.

Lynne Homan, Registrar  
1426 Glenview Rd.  
Palm Harbor, FL 34683

## **Registrar Use Only**

Payment: Check # \_\_\_\_\_ PayPal Confirmation # (last 6 digits) \_\_\_\_\_

Registration received: \_\_\_\_\_ online \_\_\_\_\_ mail Confirmation sent \_\_\_\_\_

# 2022 Annual Florida State Festival Registration Form for Roommates (continued)

Please use this form to indicate the rooming selections. There are no elevators to the second floor, so please indicate if a first floor is needed or preferred.

Room	Room Type	Person 1	Person 2	First Floor Needed?
1	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
2	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
3	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
4	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
5	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
6	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
7	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
8	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
9	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
10	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
11	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
12	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
13	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
14	<input type="checkbox"/> Single			<input type="checkbox"/> Needed
15	<input type="checkbox"/> Single			<input type="checkbox"/> Needed

# 2022 Annual Florida State Festival Registration Form (continued)

***Please fill out one form per person participating in the Bronze Choir.  
Registration for Bronze Choir is due by January 1, 2022.***

Name: \_\_\_\_\_ Ringing:  Tin  Copper

Church/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Best phone number to reach you: \_\_\_\_\_

Please rank your preferred ringing locations (1-most preferred,4-least preferred, X if you will not play in a certain area)

Low Bass (C3-B3) \_\_\_\_\_

Bass (C4-A4) \_\_\_\_\_

Battery (B4-B5) \_\_\_\_\_

Treble (C6-C8)\* \_\_\_\_\_

*\*Treble must play 4-in-hand*

*Have you ever rung at Florida Bronze/Bronze Under the Sun?*  Yes  No

*Have you ever rung at Distinctly Bronze?*  Yes  No

Please return forms to: [fl.area4@handbellmusician.org](mailto:fl.area4@handbellmusician.org) or 1426 Glenview Rd.  
Palm Harbor, FL 34683

**If you have never rung in one of the above Bronze Choirs, please provide a name and e-mail address of someone who can recommend you for this choir.**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

# Parental Consent and Medical Authorization (For participants under 18 years old)

Name of Registrant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Evening Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

As the parent (or legal guardian), I give my permission for \_\_\_\_\_  
(attendee name) to participate in the 2020 Annual Florida Handbell Musicians of America event on February 25-26, 2022 at the Warren Willis Camp & Conference Center.

\_\_\_\_\_(initial) I also give consent for pictures taken at the festival to be used for promotional purposes.

## Medical Treatment Authorization

It is my understanding that the Handbell Musicians of America, Area 4 will attempt to notify me in case of a medical emergency involving my student. If a representative from Area 4 cannot reach me, then I give authorization to the chaperone accompanying my student to hire a doctor or health-care professional, and I give my permission to the doctor or other healthcare professional, to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred.

Allergies or other health considerations: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #s: \_\_\_\_\_

Name of parent or guardian (please print): \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Person to contact other than parent in an emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

by \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Name of Notary, Typed, Printed, or Stamped*

Personally Known OR  Produced Identification

Type of Identification Produced \_\_\_\_\_