



Please note any dietary restrictions or allergies here: (include name of ringer or chaperone)

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Total # of Ringers \_\_\_\_\_ @ \$20 each = \$ \_\_\_\_\_

Total # of Chaperones \_\_\_\_\_ FREE

Total # of Participants \_\_\_\_\_ (for food counts)

**Please mail registration form along with check to:**

**Jean Coniber  
Area 2 Secretary/Registrar  
2500 East Avenue, Apt 2S, Rochester, NY 14610**

**Or email the form to: [secretary.area2@handbellmusicians.org](mailto:secretary.area2@handbellmusicians.org) and mail check**

For Board Use Only

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Elementary # \_\_\_\_\_

Middle School # \_\_\_\_\_

High School # \_\_\_\_\_