

BELLapalooza 2024 Registration Form

Director's Name (if applicable) or Single Ringer's Name:				
Group Name:	Church or School Name:			
Email Address for Group Leader:				
How many ringers will be attendi	ng?			
How many Chaperones (includin	g Director) will be	e attending? _		
Ringer Information:				
Name	Age	Grade	Ringing Experience (# years)	

	etions or allergies here: (include na	
Total # of Ringers	@ \$20 each =	\$
Total # of Chaperones		FREE
Total # of Participants	(for food counts)	
	Please mail registration form a	
	Jean Conibe	
250	Area 2 Secretary/F O East Avenue, Apt 2S, Ro	•
Or email the	form to: secretary.area2@handb	pellmusicians.org and mail check
For Board Use Only		
Date Received:		
Check #	Amount: \$	
Elementary #		
Middle School #		
High School #		