



Handbell Musicians
OF AMERICA

Area 2

**Saturday Night Festival Showcase Concert Application Form
Saturday June 28, 2025**

I/We would like to apply to perform in the Saturday night Showcase Concert at Festival 2025:

Ringer/Choir Name: _____

Director Name (if applicable): _____

I am/We are: _____ Full Choir _____ Small Ensemble _____ Soloist

(If you will have an accompanist, please list their name here: _____)

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Contact E-Mail: _____

If chosen, I/we would like to perform the following selection:

Composer/Arranger: _____

What would you like us to know about your group? (i.e. size of group, # of octaves played, # of years in existence, etc.)

Please return completed form and a 2-3 minute video of you or your group in performance by April 15, 2025 to:

**Area 2 Festival Concert Application
Sarah Hazel, Area 2 Chair
542 W. High Street, Phoenixville, PA 19460**