

MASSACHUSETTS SPRING RING 2010 REGISTRATION FORM

Tewksbury Memorial High School

Your Name _____ **AGEHR Membership #** _____

Mailing Address _____

E-mail address _____ Phone _____

Name of Church/School _____

Address _____

Adult Choir Name _____ # of ringers _____

Director's Name _____

Youth Choir Name _____ # of ringers _____

Director's Name _____

Total number of ringers registering _____ @ **\$7.50 per ringer** = \$ _____

We are bringing _____ linear feet of tables. **Please be accurate in your space request. If your space needs change due to a change in the number of ringers, you MUST notify us.**

We would like to perform in the final concert:

Title _____

Composer _____

Performers (choir name, soloist, ensemble) _____

For multiple groups, please list additional requests on the back of this form.

To avoid duplication, the musical selection(s) will be confirmed by the registrar via e-mail.

We have room for # _____ orphan ringers at the following position(s): _____

I am an orphan ringer and am willing to ring the following position(s): _____

Please make checks payable to Massachusetts Spring Ring.

**Please print out and complete this form
to be returned via "snail mail"
WITH PAYMENT by March 1, 2010 to:**

David Wurth, Registrar MSR
79 Proctor St
Salem, Ma 01970

Any questions?

Email David Wurth maspringring@gmail.com

Phone: 978-745-7387