

Georgia Spring Ring 2010 Registration Form
Saturday, March 20, 2010
Phyllis Kirk, clinician

Director's name: _____ AGEHR membership #: _____

Organization: _____ Choir name: _____

Address: _____
Street City State Zip

Email: _____ Phone(s): _____

Octaves handbells/handchimes: ____/____ Linear feet of table space needed: _____

Number registering by March 1 _____ x \$32 = \$ _____

Number registering after March 1 _____ x \$37 = \$ _____

Number Saturday lunches _____ x \$8 = \$ _____

Membership dues (if not a member AGEHR) \$65 = \$ _____

Grand Total Enclosed \$ _____

Please note that fees are non-refundable after March 13, 2010
Please keep a copy of this form for your records
Make checks payable to: Area IV—AGEHR

Mail completed registration and check to:
C. Pat Cates, First Presbyterian Church
189 Church Street, Marietta, GA 30060
For more information: 770.427.0293 x 252 or PatCates@fpcmarietta.org

Performing Choir Opportunity

If your choir wishes to perform a solo piece during the massed ringing sessions, please provide the following:

Name of group: _____ Director: _____

Title of selection: _____

Composer/Arranger: _____

Publisher/catalog number: _____ Performance Time: _____