



Handbell Musicians  
OF AMERICA

## ENDORSED EVENT Application

This application should only be used for **ENDORSED EVENTS**. An Endorsed Event is one that is presented by a member or member organization of the Guild. Please provide the information requested below and **send this form along with budget and other attachments to the Chairperson of the Handbell Musicians of America Area where your event will take place.** The Chairperson will forward the application with his/her approval to the national office for final review and approval by the Executive Director.

**Event Name:** \_\_\_\_\_

**Event Start Date** (MM/DD/YYYY) \_\_\_\_\_ **Event End Date** (MM/DD/YYYY) \_\_\_\_\_

**Event Location** (venue, city and state): \_\_\_\_\_

**Event Description** (Provide a brief description of the event including target audience and event goals):

**Website for Event Information:** \_\_\_\_\_

**Presenting Member/ Organization:** \_\_\_\_\_ **Member No.:** \_\_\_\_\_

**The presenting member or organization is the entity that has financial responsibility for the event. The presenting member or organization MUST be a current member of Handbell Musicians of America**

**Contact First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Expected Paid Attendance:** \_\_\_\_\_ **No. of Other Participants:** \_\_\_\_\_

**Primary Event Clinician(s):** \_\_\_\_\_

**Registration Fee Per Registrant:** \$ \_\_\_\_\_

I have read and understand the Criteria for Endorsement and the related materials as well as reporting requirements and agree to comply with all conditions. The Criteria for Endorsement may be found at <http://handbellmusicians.org/events-networking/events/sponsored-endorsed-event-information/>.

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

**Presenting Member or Authorized Representative of the Presenting Organization**

Attach the following to this application and send to the chairperson of the Handbell Musicians of America Area where your event will be held: (1) Event Budget, (2) Mailing Label/List Request (if desired), (3) a schedule of activities offered at the Event, (4) a list of music repertoire (include title, composer/arranger, and publisher) used at the Event and (4) request for Certificate of Insurance (if needed). If you need the address for your Area Chair, please contact the national office at 937-438-0085.

**Office Use Only**

**Area Chair:**  Approve  Deny (please attach written explanation)

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

Area Chair Signature

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

Handbell Musicians of America Executive Director Approval Signature