



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 Date(s): _____ Event Day(s): _____

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 1-800-878-5459.

Office Use Only

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

Area Chair Signature _____ Date: _____

Handbell Musicians of America Executive Director Approval Signature _____ Date: _____