



Handbell Musicians  
OF AMERICA

## SPONSORED EVENT Application

Use this form only for **SPONSORED EVENTS**. A Sponsored Event is one that is presented by an Area or sub-Area of Handbell Musicians of America. Please provide the information requested below and **send this form along with budget and other attachments to the Chair of the Area where your event will take place**. The Chair will forward the application with his/her approval to the national office for final review and approval by the Executive Director.

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

Event Description (provide a brief description of your event including the primary audience, and event purpose):

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

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

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

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 Sponsorship (available at <http://handbellmusicians.org/events-networking/events/sponsored-endorsed-event-information/benefits-criteria/>) and the related materials as well as reporting requirements and agree to comply with all conditions.

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

**Primary Event Contract**

Attach the following to this application and send to the Chair of the 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