

2024 National Catholic Handbell Festival Registration Form

		Contact I	nformation		
Title	First Name		Last Name		
Street Address		City		State Are you 18 years of	Zip Code
Phone Number	Email Address			Yes No	or order.
My choir will be att	•		I will be attending as an orphan ringer		
Please provide choir/church name and City State:			Please include bell preference:		
Choir/Church Name	•		1st bell choice	2nd bell choice	3rd bell choice
City, State	:			Ziid beli elioiee	31d bell elloice
	nposer				
Piece Three:					
Pa	yment Informa	tion Co	st of the festival	per ringer is \$8	0
Check#is enc	closed. Make check pay	yable to NPM in U	JS Dollars <u>or</u> I authorize	NPM to charge my c	redit card*
Credit Card Number			Expiration Date	Security Code	Zip Code
Name on Card (Please print clearly) Cardholder Signatur			nature		Date

*Credit Card: I understand that by paying with a credit/debit card, I will be paying a 3% processing fee in addition to registration costs.

Cancellation policy: Cancellation must be requested by June 8 with a \$15 processing fee at that time. Refunds will be processed by August 15.