



Area VII Local Workshop Application Form

Contact Name: _____ Date of First Contact: _____

Contact Phone: _____ Cell: _____ Email: _____

Requesting Organization (RO): _____

Complete Address of RO: _____

Requested Date of Local Workshop: _____ Day: _____ Time Length: _____

Circle One: Full Day - \$125 Half Day - \$75
Payable by (if not the above RO): _____

Below is a list of the most common workshop topics. Please select all that apply to your choir, and prioritize them by placing sequential numbers on the lines, with number one being the highest learning priority you are requesting. Depending on the length of the workshop you circled above, as many topics will be covered as time allows.

For the Choir:

- | | |
|---|--|
| <input type="checkbox"/> Bass Bell Ringing (4-5 th octave – assignments, safety) | <input type="checkbox"/> Bass Bell Ringing (3rd octave) |
| <input type="checkbox"/> Battery Bell Techniques (C5-B5 – bell changes) | <input type="checkbox"/> Treble Bell Techniques (C6-C8/9 – 4-in-hand, Shelley) |
| <input type="checkbox"/> Ringing fast passages in tempo | <input type="checkbox"/> Ringing mixed meter |
| <input type="checkbox"/> Ringing stopped sounds accurately | <input type="checkbox"/> Ringing to the next skill level |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

For the Conductor:

- | | |
|--|--|
| <input type="checkbox"/> Score Study | <input type="checkbox"/> How to make ringing assignments |
| <input type="checkbox"/> How to lead a rehearsal | <input type="checkbox"/> How to teach young ringers |
| <input type="checkbox"/> How to choose music | <input type="checkbox"/> How to plan a concert |
| <input type="checkbox"/> Conducting mixed meters | <input type="checkbox"/> How to advance as a conductor |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

One to two pieces you are having the most difficulty with:

Title: _____ Composer/Arranger: _____ Pub.Code: _____
Title: _____ Composer/Arranger: _____ Pub.Code: _____

Sub Area Chair: _____ Phone: _____ Email: _____

Chosen Clinician: _____ - Approved by the Area VII Executive Committee

Clinician Phone: _____ Cell: _____ Email: _____

As the newest benefit to your AGEHR Membership, we hope your Local Workshop will be both educational and helpful for you and your choir. Our goal is to provide personalized local workshops that are valuable and meet the needs of individual choirs. In striving to reach this goal, you will be asked to complete an evaluation form within two weeks of your workshop.

Procedures for an Area VII Local Workshop



An Area VII Local Workshop is tailored to the needs of a specific choir or a small group of choirs in a community. The director of this Requesting Organization identifies the weak areas in its group, which would benefit from additional instruction. The Area VII Local Workshop is a very cost-effective way to bring an experienced clinician to the very local level, with topics chosen by the Requesting Organization. The workshop can also be very beneficial working with handbell directors on an individual basis.

1. The Requesting Organization (RO) should call the appropriate Area VII Sub-Area Chair (SAC) to request this workshop service. Topic ideas, length of workshop (A or B below), etc. shall be discussed and a requested date secured.
2. The SAC shall notify the Area Chair. Members of the executive committee will determine who is best qualified within the Board (and/or Area) to teach the workshop.
3. The SAC shall make the proper arrangements with the clinician, putting that person in contact with the RO.
4. The SAC shall prepare the RO contract, indicating the terms: Workshop fee, topic, plus clinician expenses, and submit to the Area Chair for signed approval. Final copies shall be sent to the Area Treasurer, SAC and RO. An evaluation form shall also be included in this mailing.

Workshop A is \$ 75 + expenses, and comprises a total of 1 to 4.0 hours.

Workshop B is \$125 + expenses, and comprises a total of 4.1 to 8.0 hours, including lunch.

5. Approximately one week prior to the event the SAC shall contact the clinician and RO and work out details of the contract. The SAC is encouraged, but not required, to attend the workshop.
6. Within two days after the event, the clinician shall submit all receipts to the SAC.
7. Prior to the workshop, the SAC shall provide the RO with an Evaluation Form to be filled out after the event. This Evaluation Form may be returned with the workshop payment. Within one day after the event, the SAC shall contact the RO to obtain verbal comments or concerns regarding the workshop and remind the RO to return the Evaluation Form with the invoice payment.
8. Within one week after the event, the SAC shall complete a Check Requisition Form to reimburse the clinician for (\$50, if Workshop A) or (\$100, if Workshop B), plus any expenses. The Form shall be mailed to the Area Chair for approval, and sent to the Treasurer for payment.
9. Upon receipt of a Requisition Form, the Treasurer will prepare an invoice for the RO. The invoice will reflect the Local Workshop Fee plus the actual expenses incurred by the clinician. The invoice shall state that the payment terms are Due Upon Receipt. The RO shall be encouraged and reminded to return the completed evaluation form along with their payment.
10. When the Treasurer receives the Evaluation Form, copies shall be distributed to the Area VII Chair, Chair-Elect, SAC, and Clinician. The Area Chair will have the responsibility to initiate any further actions, if necessary.
11. Within three months after the event, the SAC shall contact the RO to discuss how the workshop has impacted his/her choir's long-term goals. The Sub-Area Chair shall request a testimonial from the Requesting Organization.

Area VII Local Workshop Evaluation Form

Contact Name: _____	Requesting Organization: _____
Workshop Topic: _____	Event Date: _____
Circle One: Full Day Half Day	Sub Area Chair: _____
Clinician: _____	Evaluation Completed by: _____
Evaluator Address: _____	City, State, Zip: _____
Evaluator Phone: _____	Evaluator Email: _____

As the newest benefit to your AGEHR Membership, we hope your Local Workshop was both educational and helpful for you and your choir. Our goal is to provide personalized workshops that are valuable and meet the needs of individual choirs. In striving to reach this goal, we ask you to complete the following evaluation form as honestly and completely as possible. We appreciate all feedback, both accolades and concerns. Please feel free to use additional sheets of paper if necessary.

Coordination:

1. Was the Sub-Area Coordinator helpful in selecting a workshop topic and designing the workshop to fit your needs?

2. Were you able to communicate with the Sub-Area Coordinator effectively and in a timely manner?

Clinician:

1. Did the clinician work well with all levels of ringers?

2. Was the clinician knowledgeable about the topic / subject matter?

3. Did the clinician communicate well with the group?

4. Would you recommend this clinician for future workshop events?

Overall Local Workshop/ Value:

1. Were your expectations met?
2. Was this workshop a good value for your group? (Fee, expenses, etc.)
3. What did you like best about your local workshop?
(Your reply here may be used in future marketing material.)
4. Is there anything you wish would have done differently?
5. Any additional comments or suggestions?

Thank you, again, for taking the time to provide us with feedback, so we may continue to enhance our programming! Please contact your Sub Area Chair if there is anything else Area VII can do to serve you and your choir.

Actions needed by Area VII Board: (to be completed by a Board member)