

DOUBLE QUARTET CONTEST ENTRY FORM

Region #21 Summer Seminar – August 8-10, 2008

DOUBLE QUARTET NAME _____

CONTACT: Name _____
Address _____
City _____ State _____ Zip _____
Phone: Home _____ Work _____
E-mail: _____

Tenor: _____	Chapter: _____
Tenor: _____	Chapter: _____
Lead: _____	Chapter: _____
Lead: _____	Chapter: _____
Bari: _____	Chapter: _____
Bari: _____	Chapter: _____
Bass: _____	Chapter: _____
Bass: _____	Chapter: _____

Please indicate any member(s) participating in more than one double quartet:

Member Name: _____ Double Quartet Name _____

List any special needs (ramp, extra assistance, etc.) _____

Mail or fax this form no later than **July 28, 2008** to:

Judy Huffman, Competition Coordinator
16223 East Kingstree Boulevard
Fountain Hills, AZ 85268
480-326-5915 - Cell
judyh@cox.net

Duplicate as Needed