

CAMP BLUE AGAVE DOUBLE QUARTET CONTEST ENTRY FORM

DOUBLE QUARTET NAME _____

CONTACT:

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

E-mail: _____

DQ Member #1 _____ Chapter _____

DQ Member #2 _____ Chapter _____

DQ Member #3 _____ Chapter _____

DQ Member #4 _____ Chapter _____

DQ Member #5 _____ Chapter _____

DQ Member #6 _____ Chapter _____

DQ Member #7 _____ Chapter _____

DQ Member #8 _____ 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.) _____

Email, mail or fax this form no later than **JULY 22, 2011** to:

Judy Huffman, Competition Coordinator
16223 East Kingstree Boulevard
Fountain Hills, AZ 85268
CELL: 480-326-5915 FAX: 480-393-7475
judyh@cox.net