## Far Western District HIGH SCHOOL QUARTET CONTEST REGISTRATION FORM



Use Acrobat Reader or Mac Preview to enter information

## Contest Date and Location

| Contest (check one): | M |
| :--- | :--- |
|  | $\square$ A |
|  | $\square$ |

March 21,2020 in Torrance, CA - Southeast \& Southwest Divisions

## Quartet Information



## Quartet Members

| TENOR | Name: |  |  |
| :---: | :---: | :---: | :---: |
|  | Email: |  |  |
|  | Address: |  |  |
|  | City: | State: | Zip: |
|  | Home Phone: |  |  |
|  | Parent's Name(s): |  |  |
|  | Parent's Email: |  |  |
| LEAD | Name: |  |  |
|  | Email: |  |  |
|  | Address: |  |  |
|  | City: | State: | Zip: |
|  | Home Phone: |  |  |
|  | Parent's Name(s): |  |  |
|  | Parent's Email: |  |  |
| BARITONE | Name: |  |  |
|  | Email: |  |  |
|  | Address: |  |  |
|  | City: | State: | Zip: |
|  | Home Phone: |  |  |
|  | Parent's Name(s): |  |  |
|  | Parent's Email: |  |  |
| BASS | Name: |  |  |
|  | Email: |  |  |
|  | Address: |  |  |
|  | City: | State: | Zip: |
|  | Home Phone: |  |  |
|  | Parent's Name(s): |  |  |
|  | Parent's Email: |  |  |

Sponsoring BHS Chapter

| Chapter Name: |  |  |
| :--- | :--- | :--- |
| Chapter Contact | Name: |  |
|  | Email: |  |
|  | Address: | State: |
|  | City: | Zip: |
|  | Phone: |  |

Please add any additional email addresses here ...

| Name | Email address |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |

Your school music program may earn funds as a result of your quartet's placement in this contest. These funds are awarded to the School Music Program, not the individual quartet members. What is the name that we need to write on the check? This can be the name of the school, the name of your boosters group, etc.

Please make the check payable to ... $\square$

Please send the completed form by US MAIL to:

Richard Lund
6164 Windlestraw Road
Placerville, CA 95667

OR by email to:

## hsqc-reg@farwesterndistrict.org

