



Far Western District HIGH SCHOOL QUARTET CONTEST REGISTRATION FORM



Use Acrobat Reader or Mac Preview to enter information

Quartet Information

Today's Date:			
Name of Quartet:			
High School	School Name:		
	Address:		
	City:	State:	Zip:
	Phone:		
Music Educator	Name:		
	Address:		
	City:	State:	Zip:
	Phone:	Email:	

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:		



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Sponsoring BHS Chapter

Chapter Name:			
Chapter Contact	Name:		
	Email:		
	Address:		
	City:	State:	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 ...

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