

Quartet Entry Form

Westminster Chapter
48th Annual Novice Quartet Contest
 Saturday, February 6th, 2010

Quartet Name: _____

Chapter Affiliation(s) _____

Contact Person: _____

Telephone Day: _____ **Evening:** _____

Mail Address _____

Handicap: The handicap contribution from each member corresponds to the highest level at which the member has competed or won in SPEBSQSA/BHS contests.

Level:	Handicap	Level:	Handicap
No previous Competition	0	District Medalist / College Medalist	25
In Novice / College Prelims	5	International Qualifier	30
In Divisional Contest	10	College Gold Medalist	30
In Int'l Prelims / Int'l College	15	International Medalist	40
In District Contest	20	International Champion	50

Member (BHS member in good standing): _____ **Handicap** _____

Tenor: _____

Lead: _____

Baritone: _____

Bass: _____

Total Handicap: _____

Please send checks to the Contest Chairman.

Lane Aikin, Contest Chairman
539 Sunset Ave. Apt. 1
Venice, CA 90291
1(509) 230-5830
operations@WestminsterChorus.org

Fees
 Quartet Registration, \$35 \$ _____
 ___ admission tickets @ \$15 \$ _____
 ___ student tickets @ \$5 \$ _____
Total: (Make check payable to the
 Westminster Chapter, SPEBSQSA) \$ _____