

---

# Quartet Information Form

QUARTET NAME \_\_\_\_\_

COMPETITION SONGS:

SONG 1: \_\_\_\_\_

SONG 2: \_\_\_\_\_

STAGE ENTRANCE: \_\_\_\_\_

ELIGIBILITY FOR AWARDS: (please indicate how many members of your quartet are competing for the first time) \_\_\_\_\_

**Pattern Point of Contact (PPOC):** *Please be sure to bring your charged cellular telephone with you in the pattern.*

PPOC

Name: \_\_\_\_\_ / Cell number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

**MAIL FORM TO KELLIE GARERI BY FEBRUARY 19, 2010.**

1019 Laurel Valley | Houston, TX 77062

(H) 281-480-7440 | (C) 281-703-3065

kgareri@sbcglobal.net