

Quartet Information Form

QUARTET NAME _____

COMPETITION SONGS:

SONG 1: _____

SONG 2: _____

PLANNED STAGE ENTRANCE: _____
(example: Stage Left, Stage Right, Center Stage)

ELIGIBILITY FOR AWARDS: (Please indicate how many members of your quartet are competing in a quartet at regional competition for the first time.) _____

Pattern Point of Contact (PPOC): *Please be aware that the pattern team will check your phones to make sure they are on "silent" for the duration of the contest once you are all safely checked in.*

Please Print PPOC Name:

_____ / **PPOC Cell number:** (____) - ____ - _____

MAIL FORM TO DENISE FLY BY FEBRUARY 17, 2012.

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