

Greater Cincinnati High School Barbershop Quartet Contest

Quartet Registration Form

(Please Print or Type)

NAME OF QUARTET _____ DATE: _____

NAME OF SCHOOL: _____

EDUCATOR NAME: _____

E-Mail Address: _____

Quartet Members:

Tenor Name: _____	Lead Name: _____
E-mail Address: _____	E-mail Address: _____
Parent's Name: _____ _____	Parent's Name: _____ _____
Bari Name: _____	Bass Name: _____
E-mail Address: _____	E-mail Address: _____
Parent's Name: _____ _____	Parent's Name: _____ _____

E-mail form to: mabsfh@cinci.rr.com

OR

Paul Coleman
8222 Rollinhitch ct.
Maineville Ohio, 45039