



# Sweet Adelines International

## 77th Annual Convention & Competition

October 20-October 25, 2025 • Columbus, Ohio (USA)

**OFFICE USE ONLY**

REG # CHORUS (ODD) \_\_\_\_\_

REG # OTHERS (EVEN) \_\_\_\_\_

### 1 PRIMARY CONTACT INFORMATION

Chorus Name (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Member Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### 2 COLUMBUS REGISTRATION FEES (ALL PRICES LISTED IN USD)

EVENT CODE	REGISTRATION TYPE	EARLY BIRD REGISTRATION (ENDS JULY 1)	REGULAR REGISTRATION (BEGINS JULY 2)	QUANTITY	SUBTOTAL
8001	International Competitor*	\$270	\$320		
8002	Volunteer (served the previous year)	\$190	\$215		
8003	Member	\$270	\$320		
8004	Non-Member	\$290	\$340		
8005	Youth (25 & Under)	\$215	\$225		
TOTAL AMOUNT DUE					

**\*Early Registration for competing quartets will be extended until July 28, 2025.**

**PLEASE NOTE:** Registrants who are not members of the same chorus will be grouped and charged together in a separate transaction. **Groups of 10 or less** will be charged separately for each registration.

### REGISTRATION GUIDELINES AND DUE DATES

1. **All chorus members are REQUIRED to include their member ID numbers with their registration.**  
Registration entries missing required member ID numbers will not be accepted.
2. **Please separate chorus members from non-members and/or members of a different chorus** and submit the appropriate spreadsheets with this form. Registrants who are not members of the same chorus will need to be grouped and processed in a separate transaction.
3. **Early Bird Registration:** Early Bird pricing ends **July 1, 2025**. Registration forms must be post-marked on or before the deadline. Any registrations post-marked after the deadline will be charged the regular registration fee.
4. **All Event Registration Fees:** All Event Registration includes admission to all competition and education sessions.  
**(Please Note:** The Coronet Club Show is a separately priced event. To purchase your tickets to The Coronet Club Show, please visit [www.coronetclub.org](http://www.coronetclub.org).)
5. **Registration Refunds and Substitution Deadline:** Refunds of **50 percent** of the registration cost may be granted on a case-by-case basis until **August 25, 2025**. No refunds will be granted after this date. **Registration transfers will not be processed after this date.** Transfers after **August 25, 2025**, must be done on-site at HQ desk to receive a reprinted badge. Please email [events@sweetadelines.com](mailto:events@sweetadelines.com) if you need to request a refund.
6. **Pre-Registration Closes:** Online registration closes **August 25, 2025**. After this date registrations may only be purchased in person at the event.
7. **Registration Pick Up:**
  - a. Competing Chorus registrations will be grouped together and pickup will be arranged with the Chorus's primary pickup contact.
  - b. Small group registrations will be grouped together and available for pick up on-site at the Will Call table by the primary contact listed in Box 1 of this form.
  - c. Individual registrations will be available for pick up on-site at the Will Call table by last name.
8. **Accessible Seating:** If any of your members have special accessibility requests, please specify on the **"Small Group Registrant List"** table located on the last page of this form. Accessible Seating will have a seating section and number designated on your badge.

3

### PAYMENT INFORMATION

(please list only one form of payment)

- Enclosed is my check. **Make payable to: Sweet Adelines International**  
\$10 USD service charge on all returned checks.
- Please create an invoice\* to be paid via the Sweet Adelines website by the chorus treasurer within 10 days of registration (\*chorus group registrations only).
- Please charge my credit card. (CC payment **only acceptable** via postal mail, fax or by phone.)

**Check one of the options below:**

- Visa     MasterCard     Discover     AMEX

Printed Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

### SEND REGISTRATIONS/ PAYMENT

**MAIL TO:**

Sweet Adelines International  
Attn: Events Department  
9110 S. Toledo Ave.  
Tulsa, OK 74137

**FAX TO:** 1.918.388.8083  
(credit card payments only)

**QUESTIONS? CALL or EMAIL:**

1.800.992.7464  
events@sweetadelines.com

**REGISTRATIONS NOT ACCEPTED VIA EMAIL.**

4

### EVENT ATTENDEE RELEASE OF CLAIMS

I agree and acknowledge that I am participating in the SWEET ADELINES INTERNATIONAL 2025 Convention & Competition on my own accord. I give this acknowledgement freely and knowingly and I warrant to you that I am physically and mentally fit and that, as a result, able to participate, and I do hereby assume responsibility for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation, and I agree to assume the full risk, including risk which is not specifically foreseeable, of any injuries, including death, damages or less regardless of severity, which I may sustain as a result of participating in any and all activities connected with or associated with the Event. In consideration of the right to participate in the Event, I hereby waive any and all rights or claims I may have as a result of participation in the Event against SWEET ADELINES INTERNATIONAL, its directors, executives, employees, members, staff, and all individuals assisting in instructing and conducting these activities, and I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the Event. I further agree to indemnify, defend, and hold harmless SWEET ADELINES INTERNATIONAL, its directors, executives, employees, members, staff, and all individuals assisting in instructing and conducting these activities from any and all claims resulting from injuries, including death, damages, or loss, which may accrue to me or my heirs arising out of or in any way connected with my participation in the event. I hereby understand that my attendance at this event grants permission to SWEET ADELINES INTERNATIONAL to use any photograph, video or other digital media in any and all SWEET ADELINES INTERNATIONAL publications and promotional efforts without payment or consideration.

In addition, by signing this release, I acknowledge the contagious and evolving nature of the novel Coronavirus (COVID-19), as well as other airborne illnesses and voluntarily assume the risk that I may be exposed to the viruses during 2025 Convention & Competition and become affected as a result. I voluntarily agree to assume risks and accept sole responsibility for any personal expense, liability, illness, injury, disability or death related to contracting COVID-19, as well as other airborne illnesses while attending 2025 Convention & Competition, and hereby release and agree to indemnify, defend and hold harmless SWEET ADELINES INTERNATIONAL from all claims of any kind arising from COVID-19, as well as other airborne illnesses.

**Print Name:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

## 2025 COLUMBUS SMALL GROUP REGISTRATION LIST

A Release of Claims signature is mandatory for ALL registrants. NO EXCEPTIONS.

If you have more than 10 registrants, please see the group registration spreadsheets at [www.sweetadelines.com/columbus2025](http://www.sweetadelines.com/columbus2025).

#	FIRST NAME	LAST NAME	PREFERRED BADGE NAME*	REG. TYPE**	MEMBER ID NUMBER OR NON-MEMBER EMAIL ADDRESS	CITY / STATE OR PROVINCE	ADA NEEDS CODE***	‡ RELEASE OF CLAIMS SIGNATURE (MANDATORY)
Eg.	Janet	Smith	"JD"	8004	jdsmith@nosuchEmail.wutnot	Whistler, BC	W, C	(Signature here)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

**\*Preferred Name:** If you preferred name /nickname differs than your member name, include it here.

**\*\*Registration Type:** See Registration Fee chart on page 1 for registration type code.

**\*\*\*ADA Seating:** We strive to host inclusive, accessible events that enable all individuals to engage fully and enjoy the event. Use the key below to designate if you have any accessible seating needs. If you have any other needs that are not listed, please contact the Events Department at [events@sweetadelines.com](mailto:events@sweetadelines.com) so that we can work to accommodate your needs.

**WK** = Using a Walker    **SC** = Sitting in a Scooter    **C** = Needs a Companion Seat    **V** = Visual Impairment

Please list companion name(s) here:

Row #: \_\_\_\_\_ Companion Name: \_\_\_\_\_

Row #: \_\_\_\_\_ Companion Name: \_\_\_\_\_

Row #: \_\_\_\_\_ Companion Name: \_\_\_\_\_

Row #: \_\_\_\_\_ Companion Name: \_\_\_\_\_