



QUARTET REGISTRATION FORM

New quartets planning to compete in regional competition must be registered with the organization at least 60 days prior to your contest date.

MAIL OR FAX COMPLETED RENEWAL FORM AND FEE TO:

Quartet@sweetadelines.com

Sweet Adelines International Headquarters

Attn: Quartet Registrar | 9110 S. Toledo Ave., Tulsa, OK 74137 | Fax: 1.918.388.8083

I. QUARTET NAME SELECTION

Should your first name choice be unavailable, you will be notified by Sweet Adelines international headquarters within 1-2 business days.

Quartet Name Choice #1: _____

Quartet Name Choice #2: _____

Quartet Name Choice #3: _____

II. QUARTET PRIMARY CONTACT

The following information must be provided in order to process your quartet's registration.

Name: _____ Phone: _____

Email: _____

Mailing Address: _____

City: _____ State/Province: _____ Country: _____

III. QUARTET MEMBERS

TENOR

Tenor Name: _____ SA Member ID: _____

Chapter(s): _____ Region(s): _____

LEAD

Lead Name: _____ SA Member ID: _____

Chapter(s): _____ Region(s): _____

BARITONE

Bari Name: _____ SA Member ID: _____

Chapter(s): _____ Region(s): _____

BASS

Bass Name: _____ SA Member ID: _____

Chapter(s): _____ Region(s): _____

