



Prospective Chapter Musical Progress Report

Please attach a second sheet if necessary.

Prospective Name:	Prospective Region:	Prospective Step:
Date of Visit:	Visit made by:	
Prospective Contact Name:	Prospective Director Name:	
Average attendance at rehearsals:	Attendance the day of your visit:	
Describe the rehearsal agenda.		
What is the director's barbershop and/or other musical background?		
Describe the director's knowledge of or potential for barbershop technique.		
What are the director's teaching methods?		
In what areas does the director need specific help? Basic hand motions <input type="checkbox"/> Music selection <input type="checkbox"/> Knowledge of harmony <input type="checkbox"/> Vocal Production <input type="checkbox"/> Leadership ability <input type="checkbox"/> Comments:		
Is the group singing barbershop harmony?		
Do any members have prior experience singing barbershop harmony or demonstrate evidence of other musical training?		
Are prospective members auditioned?		
Describe the group's musical progress including assets and weaknesses.		
Did you approve the group for public performances?		
Is the group musically ready to charter?		

Sweet Adelines International
 9110 S. Toledo Ave.
 Tulsa, OK, USA 74137
 Fax: 1-918-388-8083.
 Email: member@sweetadelines.com



Regional Education Coordinator: if you approve this group to charter, please sign below. The International Board of Directors would appreciate your comments concerning this group.

Education Coordinator Name: _____ Signature: _____

Date: _____

I approve this group to charter. I disapprove this group to charter.

Comments:

List of Expenses

Note: Expenses will not be reimbursed without a receipt for each item. You can be reimbursed for air travel **or** mileage/taxi fares/tolls/Uber, not both.

Ground Transportation: Air Transportation (Prepaid by Journey House; for reference only):

From: _____ To: _____

Total Miles: _____ Total Kilometers: _____

Current mileage reimbursement rate is \$0.585/mile. Kilometers will be converted to miles.

Total Mileage: \$0.585/mile: \$ _____

Tolls (include receipt): \$ _____

Parking (include receipt): \$ _____

Other: _____ : \$ _____

Total Reimbursement Request USD: \$ _____

Air Transportation (prepaid by Journey House; will not be reimbursed): \$ _____

MAKE CHECK PAYABLE AND MAIL TO:

Name of Region: _____

Name of Finance Coordinator: _____

Sweet Adelines International
 9110 S. Toledo Ave.
 Tulsa, OK, USA 74137
 Fax: 1-918-388-8083.
 Email: member@sweetadelines.com



Mailing Address:
City, State, Postal Code, Country:
Reimbursement Approved by (HQ Office):
Approval Date:

Sweet Adelines International
9110 S. Toledo Ave.
Tulsa, OK, USA 74137
Fax: 1-918-388-8083.
Email: member@sweetadelines.com