



ROCKY MOUNTAIN HARMONY COLLEGE
February 5-9, 2010
Chorus Coaching Form



Chorus Name: _____ **Contact Name:** _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Chorus Size: _____ ****How many members will attend the coaching session:** _____

****Each chorus member attending the session MUST purchase an individual registration (see individual registration form) and may attend other classes before or after the Scheduled Chorus Coaching Session.**

Chorus Coaching Schedule (only 3 sessions available)

Limited to the first 3 choruses to register (1st come, 1st served on session time choices)
 select Coaching Sessions in order of preference

- | | |
|---|----------|
| _____ Session One, Friday Evening | \$100.00 |
| _____ Session Two, Saturday Morning | \$100.00 |
| _____ Session Three, Saturday Afternoon | \$100.00 |

We would like our session to focus on: Presentation _____ or Sound _____
 (Please choose one)

RMHC 2010 REGISTRATION GRAND TOTAL: \$ _____

*Please make checks payable to: "Rocky Mountain District"
 Send completed form and payment to:*

Bob Reed, Registrar
643 Crawford Cir, Longmont, CO 80501
Home: 303-651-3196 Cell: 303-931-4800
Email: rgreed1@comcast.net