



Rocky Mountain Harmony College
 YMCA of the Rockies, Estes Park, CO
 February 3 & 4, 2012



Quartet Coaching Form

Quartet Name: _____

Contact Name: _____

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

Home Phone: _____ Cell Phone: _____ Email: _____

**** Each Quartet member attending the Coaching Session MUST purchase a registration (use RMHC registration form) and may attend other classes before or after the Scheduled Quartet Coaching Session(s).**

Please list the quartet members by voice part:

Tenor: _____

Lead: _____

Bari: _____

Bass: _____

Please indicate any specific area or issue you would like to focus on in your coaching session: _____

Quartet Coaching Fee (Maximum of Four Sessions)

Please indicate total number of Sessions wanted: _____

The fee is \$25.00 per Session

RMHC 2012 QUARTET REGISTRATION GRAND TOTAL: \$ _____

PAYMENT				
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Checks, Master Card, VISA, and Discover are accepted (provide your credit card information below). Please make checks payable to: Rocky Mountain District				
Card Number:		Expiration (MM/YY):	/	CVV Code: (3 digits on the back of the card) =
Send This Form and Payment To: Bob Reed, RMD District Registrar, 643 Crawford Cir, Longmont, CO 80504 Home 303-651-3196 Cell: 303-931-4800 Email: rgreed1@comcast.net				