



NORDIC LIGHT REGION #32
Sweet Adelines International

REGISTRATION FORM QUARTET COMPETITION

Quartet name: _____ **Quartet ID:** _____

Tenor: _____ ID: _____ Chorus/CAL: _____

Lead: _____ ID: _____ Chorus/CAL: _____

Barytone: _____ ID: _____ Chorus/CAL: _____

Bass: _____ ID: _____ Chorus/CAL: _____

We want to be photographed: Yes No

Name of hostess _____

Chorus-/quartet member (if applicable): _____ Part _____

Address: _____

Postal code: _____ City: _____

Phone home/work/mobile: _____

Email: _____

One-liner: _____

I hereby **guarantee** that the arrangements we are to perform have **copyright clearance!**

City, date: _____

Contact person: _____

Address: _____

Postal code: _____ City: _____

Phone home/work/mobile: _____

Email: _____

Registration form should be received by party below no later than 60 days before competition.

Convention committee

Registration office

registration@nordiclightregion.com