

# Quartet Contestant Form

Quartet Name \_\_\_\_\_ Contestant # \_\_\_\_\_

Quartet Contact \_\_\_\_\_ Email \_\_\_\_\_

Stage Entrance: \_\_\_\_\_ Stage Right \_\_\_\_\_ Center Stage

Yes  No **Video Recordings Order @ \$35** (Limit one)

Yes  No **Fair Assessment** (Fee is \$75 for one night, \$150 for no nights – list below)

\_\_\_\_\_  
\_\_\_\_\_

Yes  No **Special Circumstances** (If yes, answer below)

\_\_\_\_\_ # of Scooters \_\_\_\_\_ # of Wheelchairs  
\_\_\_\_\_ # of Other (no stairs, slow walker, etc)

Yes  No **Helpers** (If yes, list names below)

\_\_\_\_\_  
\_\_\_\_\_

**Form with payment due by April 1, 2024  
(Check payable to Midwest Harmony Region 3)**