

Chorus Contestant Form

Chorus Name _____ Contestant # _____

Chorus Contact _____ Email _____

Final Song Pose _____

Photo Pose _____

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 **Wheelchair Transportation** (If yes, answer below)

_____ # of Wheelchairs*

* We are no longer able to transport scooters. You must provide the wheelchair.

Yes No **Riser Chairs** (If yes, how many _____)

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

**Form with payment due by April 1, 2025
(Check payable to Midwest Harmony Region 3)**