

LOL District Quartet Clinic Registration Form
Land O'Lakes Fall Convention
October 15-16, 2021

Quartet Name: _____

Chapter Affiliation: _____

Names: Tenor _____

Lead _____

Baritone _____

Bass _____

Type of Quartet: Male

Female

Mixed

Experience: Less than 1 year

1 to 2 years

More than 2 years

Background: (check all that apply)

Singing Valentines

First time together

Chapter quartet

Chapter shows

Community events

Contest quartet

Social quartet only

Youth/Next Gen

Seniors quartet

Fun quartet only

Other Experience

(explain): _____

What 2 songs has your quartet prepared for this clinic?

*Registration for the Quartet Clinic must be completed by **September 15th**

Send form to: Mike Lietke mikelietke@hotmail.com

Or mail to: Mike Lietke – 3953 S. Camrose Ave - New Berlin, WI 53151