

**LOL District Quartet Clinic Registration Form**  
**Land O' Lakes Fall Convention**  
**October 14-15, 2022**

**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 \_\_\_\_\_

                    Contest quartet \_\_\_\_\_

                    First time together \_\_\_\_\_

                    Social quartet only \_\_\_\_\_

                    Chapter quartet \_\_\_\_\_

                    Youth/Next Gen \_\_\_\_\_

                    Chapter shows \_\_\_\_\_

                    Seniors quartet \_\_\_\_\_

                    Community events \_\_\_\_\_

                    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**

Please send form to: Mike Lietke [mikelietke@hotmail.com](mailto:mikelietke@hotmail.com)