

**BANK OF AMERICA
COLLEGIATE BARBERSHOP
QUARTET CONTEST**

'08 OFFICIAL ENTRY FORM

Please fill out all pages of this form **completely** and return to BHS Headquarters, along with a check for \$10 payable to the Barbershop Harmony Society. Send to:

Attn: CBQC, 110 - 7th Avenue N, Nashville, TN 37203-3704

Entries must be received 21 days in advance of contest date.

Quartet Name _____ **Home District** _____

Quartet names must be approved by the Society. Call 800-876-7464 X 4122.

Date of Contest _____ **Site** _____ **Competition District** _____

Signature of quartet member who will serve as contact man for the quartet is required before scholarship can be issued. By signing this form, you certify that the quartet has read and agrees to abide by the Official Rules for the **Bank of America Collegiate Barbershop Quartet Contest**. The quartet also understands that ineligibility will be a consequence for violation of any rule.

X _____ **Date** _____

Signature

Print Above Name

*Please **print** your given name and all information **legibly**. The x-line above is for your signature.*

TENOR

First Name _____ M.I. _____ Last Name _____

Name _____

Blank line above is to print your name as you would like it to appear in programs, press releases etc. (e.g. Jim, Jimmy, etc.).

Society Membership Number If Applicable _____ Date of Birth _____

Your current mailing address _____ School _____

City, State, ZIP _____ Year in School _____

Your current phone _____ Email _____ Major _____

Permanent address (if different from above) _____

Permanent Phone # (if different from above) _____ E-mail _____

Parent name and address, phone number _____

Parent signature (required to participate if under 18) _____

LEAD

First Name _____ M.I. _____ Last Name _____

Name _____

Blank line above is to print your name as you would like it to appear in programs, press releases etc. (e.g. Jim, Jimmy, etc.).

Society Membership Number If Applicable _____ Date of Birth _____

Your current mailing address _____ School _____

City, State, ZIP _____ Year in School _____

Your current phone _____ Email _____ Major _____

Permanent address (if different from above) _____

Permanent Phone # (if different from above) _____ E-mail _____

Parent name and address, phone number _____

Parent signature (required to participate if under 18) _____

BARITONE

First Name _____ M.I. _____ Last Name _____

Name _____

Blank line above is to print your name as you would like it to appear in programs, press releases etc. (e.g. Jim, Jimmy, etc.).

Society Membership Number If Applicable _____ Date of Birth _____

Your current mailing address _____ School _____

City, State, ZIP _____ Year in School _____

Your current phone _____ Email _____ Major _____

Permanent address (if different from above) _____

Permanent Phone # (if different from above) _____ E-mail _____

Parent name and address, phone number _____

Parent signature (required to participate if under 18) _____

BASS

First Name _____ M.I. _____ Last Name _____

Name _____

Blank line above is to print your name as you would like it to appear in programs, press releases etc. (e.g. Jim, Jimmy, etc.).

Society Membership Number If Applicable _____ Date of Birth _____

Your current mailing address _____ School _____

City, State, ZIP _____ Year in School _____

Your current phone _____ Email _____ Major _____

Permanent address (if different from above) _____

Permanent Phone # (if different from above) _____ E-mail _____

Parent name and address, phone number _____

Parent signature (required to participate if under 18) _____

List the titles of the songs you will be singing. All entrants must include the title of their two songs on this registration. If you do not know at this time what you will be singing or have a question about the music you have chosen, please contact James Estes at 800-876-7464 ext. 4124, or email to jestes@barbershop.org for assistance. A suggested song list is available on line.

Song 1 _____

Arranger Song 1 _____ Stock # _____

Song 2 _____

Arranger Song 2 _____ Stock # _____

*****Please take the time to fill out the questionnaire on the next page*****

2008 CBQC QUESTIONNAIRE

1. Did you organize your quartet specifically for this contest? Yes _____ No _____

If "no", please explain: _____

2. How did your quartet get started? _____

3. How did you first hear about this contest?

- Barbershop Singer
- College or university professor
- Friend
- Brochure about collegiate barbershop
- Society website
- The Society's Harmonizer magazine or other publications
- MENC/ACDA/Other magazines or publications
- Other, please specify: _____

4. What is the main reason you chose to compete in the Collegiate Barbershop Quartet Contest? (Check one)

_____ The performance opportunities

_____ The thrill of competition

_____ Fun

_____ Other, _____

5. Did you sing barbershop before you joined this quartet? Yes ____ No ____

6. If you are not a member of the Society, would you consider joining the Barbershop Harmony Society as a result of your participation in this program? Yes__ No ____

7. If the answer to question 6 is "yes," when might you consider doing this?

- Immediately
- Soon after the quartet competes this year
- Soon after my high school or college education is finished
- Soon after I've establish my career
- Soon after I've started my family
- Soon after my family has grown
- Other: _____

8. Do you have any friends who may be interested in participating in the contest that we can contact? (List name(s) and contact info below.)

9. Please add anything you believe would help us be more effective as the coordinators of this program. This would include such things as changes to the rules, additions to the program, etc.