



**ROCKY MOUNTAIN HARMONY COLLEGE**  
**February 5-9, 2010**  
**Quartet Coaching Form**



**Quartet Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*\*Name of Quartet Members:** 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 3) \_\_\_\_\_ 4) \_\_\_\_\_

**\*\*Each quartet member attending the session MUST purchase an individual registration (see individual registration form) and may attend other classes before or after the Scheduled Quartet Coaching Session.**

**Quartet Coaching Fee (maximum of four sessions)**

\_\_\_\_\_ Indicate total number of sessions wanted \_\_\_\_\_ @ \$25.00 per session: \$ \_\_\_\_\_

**RMHC 2010 REGISTRATION GRAND TOTAL:** \$ \_\_\_\_\_

*Please make checks payable to: **"Rocky Mountain District"**  
 Send completed form and payment to:*

**Bob Reed, Registrar**  
**643 Crawford Cir, Longmont, CO 80501**  
**Home: 303-651-3196 Cell: 303-931-4800**  
**Email: rgreed1@comcast.net**