## <u>Please complete and bring THREE COPIES to the Thursday Night</u> <u>Competitor Briefing</u>

This form is to be completed AFTER Hotel Check-in by all Competing Choruses.

**CHORUS NAME:** 

## **CONTACT NAME:**

**CELL PHONE #:** 

Is your Director eligible for the Novice Director Award? Yes No

Lake Ontario Region 16	www.saregion16.com
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