



DIVISION IV CONVENTION
EVERGREEN DISTRICT, BARBERSHOP
HARMONY SOCIETY
May 4, 2019 Medford, Oregon
OFFICIAL REGISTRATION FORM



Primary Registrant: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____ Voice Part: Tenor Lead Bari Bass
Chapter/Chorus: _____ Quartet: _____

Contestant Registration Fee (for competitors or non-competitors)* Performance Only (choruses/VLQ)

All Events Price (Rec'd/Postmarked by 4/11/19) _____ @ \$62.00 \$ _____

All Events Price young adult early bird (by 4/11/19) _____ @ \$32.00 \$ _____

All Events Price late (Rec'd/Postmarked **after** 4/11/19) _____ @ \$72.00 \$ _____

AE Price young adult late(Rec'd/Postmarked **after** 4/11/19) _____ @ \$37.00 \$ _____

*****Competitors purchasing All Events on-site will be assessed a \$15 surcharge*****

All Events Price (on-site) Competitor ONLY _____ @ \$87.00 \$ _____

***ALL CONTESTANTS MUST PURCHASE AN ALL-EVENTS TICKETS**

**If you desire to register your entire quartet or chorus on one form, use the second attached sheet to list names.

Single Event Tickets (available for non-competitors only):

Saturday Morning Chorus Contest _____ @ \$15.00 \$ _____

Saturday Afternoon Quartet Competition _____ @ \$15.00 \$ _____

Saturday Evening Show of Champions _____ @ \$15.00 \$ _____

Saturday Afterglow _____ @ \$10.00 \$ _____

TOTAL DUE/REMITTED \$ _____

PAYMENT OPTIONS (check one):

_____ Check (Made payable to Rogue Valley Chapter) _____ Visa/Mastercard/Discover(enter info below)

Credit Card Number: _____ Exp. Date: _____

CV2 Code on back of card (3-digit number): _____ Billing Zip Code: _____

Headquarters Hotel
Rogue Regency
2300 Biddle Rd
Medford, OR 97504
www.rogueregency.com
regency@rogueregency.com

Contest Venue
Central Medford High School
815 S Oakdale Ave
Medford, OR 97501

1-800-535-5805

Call or email for reservations (Rooms are blocked out for the contest, reserve by April 2 for special rate)

Please mail or email in your registration form to:

Doug Borngasser
singers@rvhsings.com
201 Wagon Wheel Dr.
Grants Pass, OR 97527
541-450-9352

Names on this registration/Chapter-Quartet (if different than primary):

_____ / _____	Voice Part: T L Bar Bas
_____ / _____	Voice Part: T L Bar Bas
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Help Us Plan

Do You Plan to attend

	Yes / No	# of People
Friday Night Tag Mixer 7PM	_____	_____
Saturday Night After Glow After Late Show	_____	_____