

Mid-Atlantic District

Barbershop Harmony Society



Chorus Director Workshop Intensive Registration Form

(print clearly please)

CDWI Event Location: _____ Event Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (day) _____ (eve) _____

Email: _____

Director Profile: (submission of a directing resume is welcome)

Chapter Currently Directing: _____

Term of Service (years): _____

Other barbershop directing and general directing experience:

The fee to help the District offset the cost of the trainer's expenses is **\$100.00**, and must be paid in advance. This training can be a legitimate chapter training expense. There is no charge for the director of the host chapter to participate if desired.

Please make your check payable to **Mid-Atlantic District** and mail with this application to:

Bill Colosimo
M-AD District VP, CDD
5730 N. 22nd Street
Arlington, Virginia 22205-3243

I agree to these terms:

(Applicant Signature and Date)

571-213-7376 (cell, 24/7, with voicemail)
billcatps@aol.com
