QUARTET COACHING REPORT

Quartet: _____

Contact: _____ Chorus:_____

Date of coaching session: _____ Hours used: _____

Date of last competition: _____ Level: _____

Session goals:

1._____

2. _____

3. _____

Recap of visit/comments:

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If this quartet should not be performing in public, why?

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Education Faculty_____Date_____

Send no later than 14 days from session to:
Quartet Contact
Dayve Gabbard, Education Coordinator, 209 N. Lakeshore Drive, Hypoluxo, FL 33462 or E-mail to dayve@bellsouth.net