

## **MUSIC FACULTY REPORT**

(This form is to be completed by the Music Faculty member  
following a quartet coaching session)

1. Quartet name\_\_\_\_\_ Date of coaching session\_\_\_\_\_
2. How long has this quartet been singing together?\_\_\_\_\_
- Have members of this quartet sang with other quartets in the past?\_\_\_\_\_
3. In what areas did they request specific help?  
\_\_\_\_\_  
\_\_\_\_\_
4. Average quartet weekly rehearsal time?\_\_\_\_\_
- Has this quartet ever entered regional competition?\_\_\_ Date \_\_\_\_\_
- Do they plan on entering this year? \_\_\_\_\_
5. Areas quartet needs help: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. In what specific areas did you work with the quartet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Suggestions for improving this quartet: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

Please return form along with your “request for disbursement” form within two weeks of the coaching session to: Dayve Gabbard, dayve@bellsouth.net or mail to:  
209 N. Lakeshore Drive Hypoluxo, FL 33462