

# 2010 - 11 Prospective Chapter Musical Progress Report

Send original to international headquarters. Attach a second sheet if additional space for comments is needed.

Prospective \_\_\_\_\_ Region \_\_\_\_\_ Date of Visit \_\_\_\_\_

Contact \_\_\_\_\_ Director \_\_\_\_\_

1) Average attendance at rehearsals: \_\_\_\_\_ Attendance the day of your visit: \_\_\_\_\_

2) What is the director's barbershop and/or other musical background? \_\_\_\_\_

3) Describe the director's knowledge of, or potential for, barbershop technique: \_\_\_\_\_

4) What are the director's teaching methods? \_\_\_\_\_

5) In what areas does the director need specific help?  basic hand motions  music selection  
 knowledge of harmony  vocal production  leadership ability Comments: \_\_\_\_\_

6) Is the group singing barbershop harmony? \_\_\_\_\_

7) Do any of the members appear to have prior experience singing barbershop harmony, or demonstrate evidence of other musical training? \_\_\_\_\_

8) Are prospective members auditioned? \_\_\_\_\_ If no, what advice did you give them? \_\_\_\_\_

9) Describe the rehearsal agenda: \_\_\_\_\_

10) Describe group's musical progress indicating assets and weaknesses: \_\_\_\_\_

11) Did you approve the group for accepting public performances? \_\_\_\_\_

12) Is the group musically ready to charter? \_\_\_\_\_

**Note to Education Coordinator: If you approve this group to charter, please sign below. The international board of directors would appreciate your comments concerning this group.**

Education Coordinator's signature _____	Date _____
I approve this group to charter. <input type="checkbox"/> I disapprove this group to charter. <input type="checkbox"/>	
Comments _____	
_____	

Odometer  Miles  
Ground Transportation: From \_\_\_\_\_ To \_\_\_\_\_ Total \_\_\_\_\_  
Or  Kilometers @ \$.50 / mile \$ \_\_\_\_\_ + tolls/parking \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Air Transportation: Via  Other travel agency  US Currency  
 World Travel (prepaid) At a cost of \$ \_\_\_\_\_  Other Currency ( \_\_\_\_\_ ) + parking \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Visit made by: \_\_\_\_\_

## CHECK TO BE MAILED TO:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_  
Ann-Marie Dowling, Membership Coordinator  
Date: \_\_\_\_\_

Approved by \_\_\_\_\_  
Regional Education Coordinator

