

**2012 NCHB Guest Nomination Form**

Date: \_\_\_\_\_

**NOMINATING MEMBER:** \_\_\_\_\_

	LAST NAME	FIRST NAME	BHS MEMBER #
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**NOMINEE:** \_\_\_\_\_

	LAST NAME	FIRST NAME	BHS MEMBER #
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Title: \_\_\_\_ Nickname: \_\_\_\_\_ Chapter Number: \_\_\_\_ Chapter Name: \_\_\_\_\_

Singing Part: \_\_\_\_\_; Year first joined BHS: \_\_\_\_ Total Years as BHS member: \_\_\_\_\_

Previous XQ Brigade(s): (Which & When) \_\_\_\_\_

Quartet History: (1) \_\_\_\_\_  
(Quartets in which you have sung, competitions with scores or rankings, other relevant information)

Challenging Repertoire: (3 of the most challenging arrangements you have performed) Use back if needed

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Additional information about your musical and singing abilities that will convince the Membership Review Committee that you are capable and committed to learning twelve (12) challenging arrangements to quartet readiness: *Completion of this section is REQUIRED.* Use back of this form if needed.

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Special considerations: \_\_\_\_\_  
Visual or mobility impairment - Special health issues - Critical medications - Allergies – Etc.

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone(s) \_\_\_\_\_

**Brigade Uniform**

If your application is accepted as a first-time guest, you will need the following uniform for the Saturday evening performance: black slacks (no black jeans), black socks and shoes with a long-sleeve button-down yellow shirt featuring our eXtreme Quartetting logo. You may already have one if you've participated in another Brigade rally. The price of the shirt is \$ 35.00.

Guest Applicant's Name: \_\_\_\_\_

Here are the sizes available:

Size	Neck	Sleeve
S	14.5	33
M	15.5	34
L	16.5	35
XL	17.5	36
2XL	18.5	36.5
3XL	19.5	37

Shirts are worn open collar so don't be too concerned about the neck size. These are the only sizes available. Please make sure to include your shirt size on your application for the ordering process.

Shirt size to order: \_\_\_\_\_

**To be completed by NOMINATOR:**

**Why should this man be a guest at the North Carolina Harmony Brigade? Please include comments about your guest's**

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**I NOMINATE THIS BARBERSHOPPER TO BE A GUEST AT NCHB**

By my signature I attest that this man is a superior barbershopper who brings fine tuning to his quartetting and who will present himself fully prepared to demonstrate that skill to all through his performance

\_\_\_\_\_  
**Signature of member**

\_\_\_\_\_  
**Date**

**Membership Committee use only:**

Approve: Yes \_\_\_\_ No \_\_\_\_ Packet to nominee: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment returned: \_\_\_\_/\_\_\_\_/\_\_\_\_ Notify member: \_\_\_\_/\_\_\_\_/\_\_\_\_ Revised 5/2011