Youth Harmony Workshop
Event Summary

Please complete this form after the event. This information is extremely helpful to the Society and the Youth Harmony Workshop program.

Date of Event: _____

Location: _____

Sponsoring Chapter(s) or District: _____

Number of Students: Male: _____ Female: _____

Number of Music Educators: _____

Name(s) of Clinician(s): _____

Name(s) of Teaching Quartet(s): _____

Was this a cosponsored event with Sweet Adeline's or Harmony Incorporated? (Circle one) Yes No

Comments/Summary:

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