


DELASUSQUEHUDMAC

Barbershop Biography

The personal information provided will be used for DELA purposes only. The bio information could be used for historical documents or reports. Bio information may also be used as background/research data for possible consideration of District/Society awards.

PLEASE PRINT

DATE PREPARED _____

Name	Ellis Kocher	Nickname	
Year Joined Society			
Current Chapter Affiliation			
Other Chapter Affiliations (years, from – to)			

Administrative Activity: (years, (from – to) at each position. **NOTE:** Clarify/expand on this data in an attachment.)

	Chapter	District	International
President	_____ - _____	_____ - _____	_____ - _____
Vice President (any activity).....	_____ - _____	_____ - _____	_____ - _____
Secretary.....	_____ - _____	_____ - _____	_____ - _____
Treasurer.....	_____ - _____	_____ - _____	_____ - _____
Bulletin Editor.....	_____ - _____	_____ - _____	_____ - _____
PR Officer.....	_____ - _____	_____ - _____	_____ - _____
Annual Show Chairman.....	_____ - _____	_____ - _____	_____ - _____
Chairman (any activity).....	_____ - _____	_____ - _____	_____ - _____
Area Counselor/Chapter Coach.....	_____ - _____	_____ - _____	_____ - _____
COTS Faculty.....	_____ - _____	_____ - _____	_____ - _____
Other.....	_____ - _____	_____ - _____	_____ - _____

Musical Activity: (years, (from – to) at each position/event. **NOTE:** Clarify/expand on this date in an attachment.)

Chapter Name: _____ Dir _____ Asst/Assoc _____ Sec Ldr _____

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Chapter Name: _____ Dir _____ Asst/Assoc _____ Sec Ldr _____

Chapter Name: _____ Dir _____ Asst/Assoc _____ Sec Ldr _____

Quartet: Name _____ Yr Registered _____ Contests # _____ Shows # _____

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Quartet: Name _____ Yr Registered _____ Contests # _____ Shows # _____

Quartet: Name _____ Yr Registered _____ Contests # _____ Shows # _____

Judge: Category(s) & Year(s) _____

Harmony College Faculty: Division _____ District _____ International _____

Harmony College Attendee: Division _____ District _____ International _____

Other _____

Honors Received:

_____ Year: _____

_____ Year: _____

_____ Year: _____

_____ Year: _____

_____ Year: _____

_____ Year: _____