## **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 The bio information could be used for historical documents or reports.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.

Rob

Nickname

PLEASE PRINT

Name

Robert V Seay

DATE PREPARED	11/22/2008	
	11/22/2000	

Year Joined Society  Current Chapter Affiliation					
Other Chapter Affiliations (years, from – t	50)				
Administrative Activity: (years, (from – to	) at each position.	NOTE: Clarify/expa	nd on this data in an attachment.)		
President	Chapter	District	International		
Vice President (any activity)		<del>-</del>	<del>-</del>		
Secretary	<del>-</del>	<del>-</del>	<del>-</del>		
Treasurer		<del>-</del>	<del>-</del>		
Bulletin Editor	<del>-</del>	<del>-</del>	<del>-</del>		
PR Officer	<del>-</del>	<del>-</del>	<u> </u>		
Annual Show Chairman	<del>-</del>	<del>-</del>	<del>-</del>		
Chairman (any activity)	<del>-</del>	<del>-</del>	<del>-</del>		
Area Counselor/Chapter Coach	<del>-</del>	<del>-</del>	<u> </u>		
COTS Faculty		<b>-</b>	<del>-</del>		
Other	-	-	-		

Musical Activity: (years, (from – to) at each	n position/event.	<b>NOTE:</b> Clarify/exp	and on this da	ate in an attachment.)	
Chapter Name:	_Dir	Asst/Assoc		_Sec Ldr	
Chapter Name:	_Dir	Asst/Assoc		_Sec Ldr	
Chapter Name:	_Dir	Asst/Assoc		_Sec Ldr	
Quartet: Name	Yr Regis	tered Conte	sts #	Shows #	
Quartet: Name	Yr Regis	tered Conte	sts #	Shows #	
Quartet: Name	Yr Regis	tered Conte	sts #	Shows #	
Quartet: Name	Yr Regis	tered Conte	sts #	Shows #	
Quartet: Name	Yr Regis	tered Conte	sts #	Shows #	
Quartet: Name	Yr Regis	tered Conte	sts #	Shows #	
Judge: Category(s) & Year(s)					
HEP Faculty: Division	District	Internatio	nal		
HEP Attendee: Division	District	Internatio	nal		
Other					
Honors Received:					
			Year:		
			/ear:		
			/ear:		
			/ear:		