

Ohio Federation of Music Clubs

Adult Composers COMPETITION Application

Sally Christman, Chairman
(937) 434-7407
Email: kscdchristman@aol.com

Name: _____ DOB: _____ (must be 26 or older)

Nom de Plume: _____

Address: _____

City: _____ Zip code: _____

Telephone: () _____ Email Address: _____

Membership: Club's Name _____ or Senior special _____

OFMC District: _____

Composition Entry: Genre: _____ Playing Time: _____

Title: _____

Instrument(s)/Voice(s): _____

I certify that my OFMC membership dues has been paid and that I have composed and notated this piece myself.

Signature: _____ Date: _____

Complete this application and mail it to the chairman along with a \$20.00 check payable to OFMC, postmarked by January 15th. Email a PDF manuscript and an mp3 recording of your composition to the chairman by January 15th.

Sally Christman
OFMC Adult Composition Contest Chairman
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