

APPLICATION FORM 2024
(email this completed form to composition@wccband.org by May 1, 2024)
WASHTENAW COMMUNITY CONCERT BAND
YOUNG MICHIGAN COMPOSERS CONCERT BAND COMPOSITION CONTEST

Composer/applicant's name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Eligibility

Date of birth: (month, day, year) _____

Currently a legal resident of Michigan: yes no

Currently enrolled in a public/private high school/college/university in Michigan: yes no

If "yes," name of high school/college/university: _____

Hold a bachelor's or higher degree from a Michigan college/university: yes no

If "yes," name of college/university and degree held: _____

Contractually obligated as an employee or under contract to any publisher(s): yes no

Composition

Composition title: _____

Length of composition: (minutes/seconds): _____

This composition is intended for middle-school bands (or a very young or very small high school band). yes no

If "yes," what level do you estimate it to be? _____

Composition adheres to all requirements stated under Composition Requirements. yes no

By signing I acknowledge I have read and accept the Washtenaw Community Concert Band Young Michigan Composers Concert Band Composition Contest rules.

Signature: _____ Date: _____