

CHAMBER MUSIC REPORT
For Local Clubs/Organizations

AR 2-1

Name of Club or Organization _____

President, Counselor or Director _____

Address _____

SENIOR/JUNIOR CLUBS

Did your club include chamber music as an entire club meeting program? _____

As part of one or more programs? _____ For a public program? _____

Does your club have a chamber music subgroup? _____ If so, what musical instruments are included?

Does the group perform for club meetings? _____ In the community? _____ In schools? _____ In hospitals and/or nursing homes? _____

Did your club sponsor or give support to a chamber music group ? _____ If so, name the group

Explain type of support _____

Did your club sponsor or give support to a chamber music festival or workshop? _____

Explain _____

List any other activities involving chamber music _____

If your club sponsors an active junior club, please give a copy of this form to the counselor for reporting.

FEDERATED CHAMBER MUSIC ORGANIZATIONS

What musical instruments are included in your group? _____

How many programs have you presented this year? _____ Have you performed contemporary works? _____

Works by women composers? _____ have you commissioned any works? _____

Explain _____

List other activities in which your groups have been involved. _____

Please write additional chamber music activity on the reverse side of this page.

Include with report all programs and publicity pertinent to activities. Underline in red any mention of the National Federation of Music Clubs. Send to State Chair for Chamber Music postmarked on or before April 1. State Chairs should report to National Chair, Lorraine Long, 814 Nebraska Ave., Kansas City KS 66101, postmarked on or before May 1.