Heartland Horn Camp

July 17-20, 2023 Carroll HS/Swan Lake Carroll, Iowa

	RECO	OMMENDATI	ON FORM		
Name of Applicant:					
Name, address, phone num recommendation:	ber, email addro	ess, and title (if a	ppropriate) of	the person completing	this
Name:			Title	e:	
Address:			Pho	ne:	
			Ema	ail:	
1. How long and in wh	at capacity have	e you known the	applicant?		
	_		•	own, how would you ra area, please check "No	
Musicality/Musicianship	Excellent	Very Good	Average	Below Average	No Comment
Emotional Maturity					
Leadership					
Motivation					

3. If you wish, please use the remaining space of this form or a separate page to convey any other pertinent information about the applicant.

Signature: Since your responses are confidential in regard to the sign across the seal before returning it to the application materials for transmittal to Wayne Lu by a preparing this application.	nt. Recommendations are to be included wi	th the other

Heartland Horn Camp Wayne Lu – Director 215 S. Maple St. Carroll, IA 51401 641-691-5807