TENTH ANNUAL SHEPHERD UNIVERSITY HONOR BAND
Teacher Recommendation Form

Please return this form by October 1, 2013

MAIL: Shepherd University Music Department Honor Band, P.O. Box 5000, Shepherdstown, WV 25443
FAX: 304-876-0955 • EMAIL: ealzona@shepherd.edu

Please Print Clearly

TEACHER NAME__________________________________________

SCHOOL ________________________________________________

COUNTY, STATE__________________________________________

Please recommend your top players in order of ability

First name: ____________________________________________ Last name: __________

Address: ______________________________________________

City: ___________________ State: __________ Zip: __________

Phone: __________________________ Email: ________________

Instrument ________________________________ Current Year: ☐ Junior ☐ Senior

Check all that apply:
☐ All-County (chair:___) ☐ All-Region (chair:___) ☐ All-State (chair:___) ☐ Other: _______________________

Circle rating (5=highest):
Range: 1 2 3 4 5 Tone: 1 2 3 4 5 Sight Reading: 1 2 3 4 5 Overall Ability: 1 2 3 4 5

Recommended part (example: trumpet 1, trumpet 2, trumpet 3): ________________________________

Comments: ___________________________________________

First name: ____________________________________________ Last name: __________

Address: ______________________________________________

City: ___________________ State: __________ Zip: __________

Phone: __________________________ Email: ________________

Instrument ________________________________ Current Year: ☐ Junior ☐ Senior

Check all that apply:
☐ All-County (chair:___) ☐ All-Region (chair:___) ☐ All-State (chair:___) ☐ Other: _______________________

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First name: __________________________________ Last name: ____________________________
Address:_________________________________________________________________________
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Phone: ___________________ Email: _________________________________________________
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