



2009 String Crossings Camp Teacher Recommendation Form

Student's Name

Student's Address

Teacher's Name

No. of Years studied with teacher

Write a brief paragraph giving your evaluation of the applicant's level of advancement, musical talent, and ability to function in and benefit from a five-day intensive camp. Please note any significant achievements or unique interests of the applicant.

Printed name

Signature

Date

Title

School (if applicable)

Mailing address