EASTERN KENTUCKY UNIVERSITY HIGH SCHOOL HONORS BAND CLINIC
RECOMMENDATION FORM
TO BE COMPLETED BY THE DIRECTOR
Please Print Legibly
(*Director must be present for students to participate)

Student Name	Address	Parent Telephone	Instrument	Grade	Years on Inst.	Director's Ranking

Please Copy This Form As Needed And Return To:
DIRECTOR of BANDS
Eastern Kentucky University
Department of Music, Foster 101
521 Lancaster Avenue
Richmond, KY 40475
andrew.putnam@eku.edu

Director's Signature: _____
Print Name: _____
School: _____
School Address: _____
_____
Phone Number: _____
Email: _____