

**EASTERN KENTUCKY UNIVERSITY MIDDLE 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
_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____

**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: \_\_\_\_\_