RECOMMENDATION FORM

**University of Wisconsin-Parkside**

**2019 HONOR BAND**

**Saturday, January 5, 2019**

School : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MUSICAL ABILITY RATINGS. **Please consider *sight* *reading* *ability* as well as rhythm, pitch, tone, musicality.**

**1** = Highest level: very strong in all areas **2** = Excellent: reads well, strong in most areas

**3** = Good: reads well, strong in some areas **4** = Average: reads acceptably, strong in one other area

**STUDENT’S NAME INSTRUMENT Year in School RATING**

**PLEASE RETURN THIS FORM NO LATER THAN December 3rd**

**Email:** **rexroth@uwp.edu**

**Fax: 262-595-2271**

**You will receive a confirmation form for all students accepted. They must return it to us before they can participate.**