



**MAINE CHAMBER MUSIC SEMINAR**

TEACHER RECOMMENDATION FORM  
(Email form to [mcms@snowpondmusicfestival.com](mailto:mcms@snowpondmusicfestival.com))

Applicant information:

Name: \_\_\_\_\_

Recommender: \_\_\_\_\_

Recommendation information:

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the Applicant? \_\_\_\_\_

Recommender Telephone: \_\_\_\_\_ Recommender Email: \_\_\_\_\_

*In your letter, please indicate qualities that makes this applicant suitable for this program, including musicianship, leadership, and collaborative skills.*