

CELTIC

SPORTS & ARTS CAMP EST.1984

R.R.# 2 LIONS HEAD, ONT. N0H 1W0 TEL.(519) 793-3911

LEADERSHIP CAMP RECOMMENDATION FORM

To be completed by an appropriate adult who has first-hand knowledge of the character and leadership potential of the Leadership Candidate. Teachers, Team Coaches, and Camp Directors are good possibilities to complete this referral. If you are being sponsored financially by your school, camp, club, etc., the person completing this form will be mailed a copy of your evaluation at the end of camp.

PART ONE (to be completed by the Leadership Candidate)

CANDIDATE'S NAME: _____ DATE OF BIRTH: ____/____/____
day month year

SCHOOL ATTENDED: _____

Please use the space provided below to outline your hobbies and interests, any awards or special achievements that you wish to share, and your goals of attending Leadership Camp. If more space is required, please use reverse.

PART TWO (to be completed by sponsor)

Please indicate your relationship with the candidate, and provide information regarding his / her personal qualities, in your experience.

I have known the candidate for approximately _____ years.

During that time I have been, (please indicate any or all of the following): Coach _____, Supervisor _____, Camp Director _____,

Teacher _____, Other (please specify) _____.

Please use the space below, (and reverse if necessary) for your comments regarding the Leadership Camp Candidate.

NAME OF SPONSOR: _____

SIGNATURE: _____

DATE: ____/____/____