



RECOMMENDATION FORM

MOUNT AETNA SUMMER CAMP
10375 Retreat Way | Hagerstown, MD 21742
301-824-2729 | summercamp@ccosda.org



I would like to recommend _____

for the position of _____ for next year's:

Summer's Camp FLAG Camp

I am the applicant's:

Pastor Teacher Work Supervisor Friend (check one or more)

Fill in your information below.

Last	First	Middle Initial

Phone _____ Email Address _____

Fill in applicant's information below.

Last	First	Middle Initial

Phone _____ Email Address _____

Please give any further information which you feel would be helpful to the directors in appraising this applicant:
