



RECOMMENDATIONS IDENTIFICATIONS

Your name: Last _____ First _____

Please provide identification and contact information for at least two people who have or who will be asked to send written recommendations on your behalf for the Grassroot Soccer Internship Program. Please ask your recommenders to mail or e-mail their recommendation letters directly to David Harrison at P O Box 712, Norwich, VT 05055 or to david@grassrootsoccer.org.

PLEASE PRINT ALL INFORMATION

Name:

Last: _____ First: _____ Title: _____

Mailing address: No. _____ Street: _____ Apt/PO
Box _____

City/Town: _____ State: _____ Zip _____

Code: _____

Home or office phone: Area

Code: _____ Number: _____

e-mail

address: _____

Brief description of your relationship to this person:

Name:

Last: _____ First: _____ Title: _____

Mailing address: No. _____ Street _____ Apt/PO
Box _____

City/Town: _____ State: _____ Zip _____

Code: _____

Home or office phone: Area

Code: _____ Number: _____

e-mail

address: _____

Brief description of your relationship to this person:

Send this completed form to David Harrison, Grassroot Soccer, Inc., P O Box 712, Norwich, VT 05055 or, by e-mail to david@grassrootsoccer.org

Educate. Inspire. Mobilize. Stop the Spread of HIV.