



Legacy Leadership Training Reference Form

Name of Applicant:

Name of Reference:

Check one (as it applies in relationship to applicant):

- Principal/Guidance Counselor
- Teacher/Paraprofessional
- Pastor/youth pastor
- Other (specify) _____

Phone Number of Reference:

Email Address of Reference:

Describe the leadership potential of this applicant:

Describe the applicant's character:

Please list anything else we should know about this applicant:

Signature:

Date:

Please send this completed form to:

Danielle Massaglia c/o
Camp Christy Corporation
320 Camp Christy Drive
Scott City, KS 67871