

## Class of 2024 / 2025 Letter of Recommendation Form

Name:	Phone Number:		Email: _
I am completing this recommendation or	n behalf of		's Tomorrows Horsemen Application
Relationship to Applicant (select 1):	Mentor	Peer	Client
In your own words, describe your relation	nship to the applic	ant. How long have y	you known them, and in what capacity?
What are the greatest strengths the application	cant brings to their	business, and the eq	quine industry?
In what areas do you see the applicant st	ill needs to grow a	nd develop professio	nally?
The success of the Tomorrows Horsemer value do you see the applicant providing			community built between participants. Whan peers?
Please leave any additional comments at	oout why you recor	nmend this applicant	t to the Tomorrows Horsemen program:
I attest that the above information is an homeorrows Horsemen Program	nonest and accurate	representation of m	y knowledge of the above listed applicant for
Signature:		Date	e:
National Snaffle Bit Association 1	20 Mesa St Weat	nerford, TX 76086	847-623-6722 esheard@nsba.com