



## MedGym Wellness Group (MWG)

### Sports Outreach Recommendation Letter

**\*\*Please return to medgyminfo@gmail.com when completed, thank you!**

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

In what capacity do you know the applicant?

How long have you known and worked with the applicant?

Please list responsibilities that the applicant has toward your company:

1. Daily:
  
2. Weekly:
  
3. Monthly:
  
4. Yearly:
  
5. Other:

Please give examples of interactions that the applicant has with your athletes?

- 1.
  
- 2.

3.

Please list examples of the applicant's knowledge of the sport.

Please write any other information that may help us to get to know the quality of the applicant with regards to national recommendations for treatment, writing, speaking, etc. Feel free to attach a separate page.

By signing below, I agree that all of the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return completed form to [medgyminfo@gmail.com](mailto:medgyminfo@gmail.com)