



BRAVE RECOMMENDATION

This recommendation is Confidential! No Scout should know that he is being recommended.

- NOTE:
1. A printed copy of this form must be turned into a representative of Nani-Ba-Zhu at the pre-camp check-in or the Sunday camp check-in but **NO LATER** than Tuesday at 5:00 PM.
 2. This recommendation will be presented to the Tribal Council for final consideration.

Name: _____ Unit No.: _____ District: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Home?: _____ Cell?: _____

E-mail address: _____

Date of Birth: _____ / _____ / _____ Age: _____

Total years at camp (include this year):

Scout camps attended:

Camp: _____	Year: _____
Camp: _____	Year: _____
Camp: _____	Year: _____
Camp: _____	Year: _____

Current Scout Rank: _____ Date earned: _____ Position of Responsibility in Troop: _____

Does this Scout have the Black Diamond? No

Relative in NBZ? _____ If so, name: _____ Relation? _____ Tribal name? _____

Any medical or diet issues? _____ If yes, state nature:

_____ Scout meets ALL of the requirements for Brave. (Must be Star rank and 3rd year camper)

_____ Scout does not meet all requirements for Brave. However please consider him as per "Other applicable remarks."

Other applicable remarks:

Name of Unit Leader or Tribal Member: _____ Date: _____

Signature of Unit Leader or Tribal Member: _____

Do NOT write in this space:

Approved: _____ Disapproved: _____

Reason: _____

NBZ Coordinator
 Signature: _____ Date: _____