



## SHAMAN 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: \_\_\_\_\_

Tribal name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Home?: \_\_\_\_\_ Cell?: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth:                    /                    /                    Age: \_\_\_\_\_

Registered adult position: \_\_\_\_\_

Other applicable remarks:

\_\_\_\_\_ Scout meets ALL of the requirements for Shaman. (Scout must be an Eagle Scout.)

\_\_\_\_\_ Scout does not meet all requirements for Shaman. However please consider him as per "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: \_\_\_\_\_