



TOM-TOM BEATER 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: _____

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

Scout Spirit:

Leadership performance:

Maturity demonstrated:

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_____ Scout meets ALL of the requirements for Tom-Tom Beater. (Scout should be an Eagle Scout.)

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

Other applicable remarks:

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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: _____