



## WARRIOR 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: \_\_\_\_\_

Does this Scout have the Indian Lore MB? \_\_\_\_\_ Will complete at Camp: \_\_\_\_\_

Scout Spirit:	
Leadership performance:	
Maturity demonstrated:	

\_\_\_\_\_ Scout meets ALL of the requirements for Warrior. (Scout must have earned the Indian Lore MB. Scout should be a Life Scout.)

\_\_\_\_\_ Scout does not meet all requirements for Warrior. 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: _____