



RECOMMENDATION FOR THE GOLD BUFFALO

1. **Name and address of person being recommended.** *(Please type or print)*

Name _____ Age _____

Address _____

City, State, Zip _____

Church _____ Street Address _____

City, State, Zip _____

Church Account # _____ Purchase Order # _____

2. **This is not a GMA application. Please list the merit awards this individual has earned.**
Gold Buffalo awards are limited to Green, Gold, and Silver merits only.

MERITS EARNED FOR THE GOLD MEDAL of ACHIEVEMENT

2nd GOLD BUFFALO

- | | | |
|----------|-----------|-----------|
| 1. _____ | 18. _____ | 31. _____ |
| 2. _____ | 19. _____ | 32. _____ |
| 3. _____ | 20. _____ | 33. _____ |
| 4. _____ | 21. _____ | 34. _____ |
| 5. _____ | 22. _____ | 35. _____ |
| 6. _____ | 23. _____ | 36. _____ |
| 7. _____ | 24. _____ | |
| 8. _____ | | |
| 9. _____ | | |

GOLD BUFFALO

3rd GOLD BUFFALO

- | | | |
|-----------|-----------|-----------|
| 10. _____ | 25. _____ | 37. _____ |
| 11. _____ | 26. _____ | 38. _____ |
| 12. _____ | 27. _____ | 39. _____ |
| 13. _____ | 28. _____ | 40. _____ |
| 14. _____ | 29. _____ | 41. _____ |
| 15. _____ | 30. _____ | 42. _____ |
| 16. _____ | | |
| 17. _____ | | |

3. **Name of individual completing this form (should be Group or Sr. Commander).**
(Please type or print.)

I recommend _____ for the Royal Rangers Gold Buffalo(s).

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Signature of Group Commander _____ DATE _____

Signature of Senior Commander _____ DATE _____

4. **This form must be approved by the District Commander.**

District Approval _____ DATE _____

(District Commander's Signature)

Mail to: Royal Rangers District Office