



RECOMMENDATION FOR THE CHRIS ROGERS AWARD

NAME _____

UNIT _____

DISTRICT _____

AGE _____

SECTION _____

Indicate whether Rainbow, Brownie, Guide or Senior Section

REASONS FOR RECOMMENDATION

SIGNED _____

SIGNED(DISTRICT COMMISSIONER) _____

For Office use only.
Recommendation for _____ Approved/not approved
District Commissioner notified Date _____
Return to Dr. Elizabeth Donovan, Lauristina House, Burghill, Hereford, HR4 7RN