

Boy Scout Leave No Trace Awareness Award

(Submit this application to your local council service center.)

Local council name _____ Headquarters city/state _____

Unit Type and Number _____ Number of Awards _____ Youth _____ Adults _____

Unit Leader's Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Name of Scouts or Venturers

_____	_____
_____	_____
_____	_____
_____	_____

Name of Scouter's or Venturing Leaders

_____	_____
_____	_____

The Scouts, Scouter's, and/or Venturing leaders indicated above have fulfilled the requirements for the Leave No Trace Awareness Award.

Unit Leader Signature _____ Date _____

(You may order patches (catalog number 08630) at a fee through the Council Service Center, or the National Service Center)