

**Cub Scout Leave No Trace Awareness Award**

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

Local council name \_\_\_\_\_ Headquarters city/state \_\_\_\_\_

Pack # \_\_\_\_\_ Number of Awards \_\_\_\_\_ Youth \_\_\_\_\_ Adults \_\_\_\_\_

Unit Leader's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Cub Scouts

_____	_____
_____	_____
_____	_____
_____	_____

Name of Cub Leaders

_____	_____
_____	_____

The Cub Scouts and leaders indicated above have fulfilled the requirements for Cub Scouting's Leave No Trace Awareness Award.

Unit Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

(You may order patches (catalog number 08797) at a fee through the Council Service Center, or the National Service Center)