



APPLICATION LEAPING WOLF CERTIFICATE

To be completed in **DUPLICATE**

Please print in BLOCK CAPITALS

SURNAME of Cub: _____

FIRST names: _____

Date of birth:

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 Registration No:

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Rank: _____ Pack: _____

District: _____ Region: _____

It is certified that he/she has passed:

Date Completed

D D M M Y Y

1) Gold Wolf Outdoor Challenge

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2) Greening our Community/Food for Life

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3) Scout Craft

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4) Personal Challenge

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5) Technology in Action

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6) Global Awareness

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7) My Challenge

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8) TWO special Interest Badges (in addition to Gold Wolf requirements)

First Aid (compulsory)

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according to the requirements laid down in the Cub Badge Book as that he/she has shown in practice that his/her understanding of the CUB LAW and PROMISE has advanced in accordance with his/her age and experience, and that he/she has participated fully in Pack activities.

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Signed - Pack Scouter

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Signed - Regional Support Team

Checked and approved: _____

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Signed - Regional Team Co-Ordinator

For SSANO use only

Received at SSANO

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Approved

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Certificate No

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Certificate despatched

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