

Please tick relevant Block	<input type="checkbox"/> Cubs	<input type="checkbox"/> Scouts	<input type="checkbox"/> Rovers	<input type="checkbox"/> Scouters
NAME:				
GROUP:				
REGION: (If applicable)				
1. DISCOVER (Please include what you achieved/completed for this section)				
2. CONNECT (Please include what you achieved/completed for this section)				
3. ACTION (Please include what you achieved/completed for this section)				

AWARD APPROVED: YES / NO

SIGNATURE: _____
of next-in-line-Scouter

NAME: _____
TITLE: _____