

Leave No Trace Awareness Award

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

Local council name _____ Headquarters city/state _____

Unit type and No. _____

Troop, team, post, crew

Number of awards: Youth _____ Adult _____

Unit leader's name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

Names of Scouts or Venturers

Names of Scouters or Venturing Leaders

The Scouts, Scouters, and/or Venturing leaders indicated above have fulfilled the requirements for the Leave No Trace Awareness patch, No. 8630.

Unit leader's signature _____ Date _____