

# 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 \_\_\_\_\_