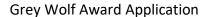
SCOUTS VICTORIA

Cub Scout's name





The form must be <u>submitted</u>, by the Cub Scout Leader, to the Victorian Scout Centre, while the youth member is still a Cub Scout and before the Cub Scout's 11th birthday.

post to: Victorian Scout Centre 152 Forster Road Mt Waverley 3149

email to: youthawards@scoutsvictoria.com.au and cc your District Leader Cub Scouts (DLCS) & Group Leader (GL).

Registration ID

District Region Cold Boomerang Date:	Date o	f birt	h	/P	ack	20
1 Gold Boomerang Date:	District				Region	_ \0/
In the past twelve months participated in a minimum of 4 outdoor activities.	Has su	ıcces	ssfully achieved	the following requirements t	for the Grey Wolf Award.	
A Overnight camp (brief description), NOTE – Cuboree is not acceptable B Inter-pack activity (brief description), NOTE – Not Cuboree C Activity 3 (brief description), NOTE – Cuboree is not acceptable D Using a map, plan and lead a hike/day walk of at least two hours duration with a Leader and a group of three to six Cub Scouts. Make sure everyone has appropriate equipment, clothing, food and a personal first aid kit for the chosen walk. Only one Cub Scout per hiking/walking party can qualify for this award. Participating Cub Scout names: 3 In the past twelve months attended 2 Pack Councils Date: Date: Level 2 Arts and Literature Badges including the following: Level 2 Nature, Science and Technology Badge: Date: Level 2 Sports and Recreation Badge: Date: Level 2 Our World Badge: Date: 5 Has completed 1 of the 8 Special Interest badges Badge: Date: Develop and present a resource for your Six or Pack based on your understanding of the Jungle Books. Brief description of resource: School year level: Cub Scout's school: School year level: We certify that the above details are correct and that the Pack Council has approved the Grey Wolf Award for this Cub Scouract Council Representative Name Signature Date:	1	Gold Boomerang				Date:
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Pack Council Representative Name	Cub Scout's school: School year level:					
Cub Scout Leader Name Signature Date:	We c	ertify	that the above detail	s are correct and that the Pack C	council has approved the Grey Wolf	Award for this Cub Scout
	Pack Council Representative Nam			Name	Signature	Date:
Name and Address to which the Award is to be sent (usually CSL):	Cub	Scout	Leader	Name	Signature	Date:
	Name	and A	Address to which the A	ward is to be sent (usually CSL):		