

CONSERVATION GOOD TURN CERTIFICATE APPLICATION

(SUBMIT APPLICATION TO THE COUNCIL SERVICE CENTER.)

NAME _____

UNIT TYPE AND NUMBER _____ DATE _____
(PACK, TROOP, TEAM, CREW)

PARTICIPATING AGENCY/ORGANIZATION _____

TYPE OF PROJECT _____

NUMBER OF WORKERS YOUTH _____ ADULT _____ TOTAL HOURS WORKED _____

UNIT LEADER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FOR COUNCIL USE:

CERTIFICATE PREPARED _____

CERTIFICATE RETURNED TO UNIT LEADER _____

PROJECT INFORMATION RECORDED _____