

## Award Completion Form

Name: \_\_\_\_\_ Level: \_\_\_\_\_

**AWARD NAME:** \_\_\_\_\_

Date Completed: \_\_\_\_\_

*Requirements Completed:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Leader Signature: \_\_\_\_\_

**Treasurer:**

**Amount Paid \$** \_\_\_\_\_ **Received on** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Scribe:**

**Date logged:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Leader:**

**Date Ordered:** \_\_\_\_\_ **Date Presented:** \_\_\_\_\_