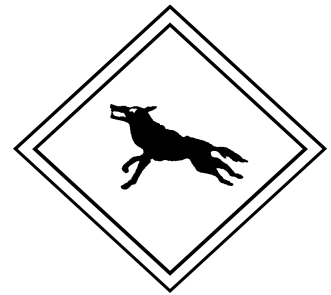


APPLICATION FOR THE LEAPING WOLF CERTIFICATE



To be completed in DUPLICATE

Please print in BLOCK CAPITALS

SURNAME of Cub: _____

FIRST names: _____

Date of birth:

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Registration No:

--	--	--	--	--	--	--	--	--	--

Rank: _____

Pack: _____

District: _____

Area: _____

It is certified that he/she has passed:

Date Completed

D D M M Y Y

1) Lion

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2) Task in the Home

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3) Personal Challenge

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4) Community Service

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5) Map Reading

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6) TWO Interest Badges (in addition to Lion requirements)

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according to the requirements laid down in the Cub Badge Book and that he/she has shown in practice that his/her understanding of the CUB LAW and PROMISE has advanced in accordance with his/her age and experience, and that he/she has participated fully in Pack activities.

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Signed - Pack Scouter

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Signed - ADC Cub Programme

Received at Area HQ:

Checked and approved:

Signed - AAC Cub Programme

For SAHQ use only

Received at SAHQ

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Approved

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Certificate No

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Certificate despatched

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