

CONSERVATION GOOD TURN CERTIFICATE APPLICATION

Name _____

Unit Type (Pack, Troop, Team, Crew) and Number _____ Date _____

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 _____