

# National Summertime Pack Award Application



Cub Scout Pack No. \_\_\_\_\_ of Chartered Organization \_\_\_\_\_ Name \_\_\_\_\_

has qualified for this award by conducting a pack activity in the summer months of \_\_\_\_\_  
Year

	JUNE	JULY	AUGUST
Type of pack activity	_____	_____	_____
Number of dens participating	_____	_____	_____
Number of dens qualifying (50 percent of the den's Cub Scouts participating)	_____	_____	_____
Number of the pack's Tiger Scouts participating	_____	_____	_____
Number of the pack's Wolf Scouts participating	_____	_____	_____
Number of the pack's Bear Scouts participating	_____	_____	_____
Number of the pack's Webelos Scouts participating	_____	_____	_____
Number of parents/family members participating	_____	_____	_____

Please send us the following National Summertime Pack Award items:



One Pack Award Certificate, No. 33731



\_\_\_\_\_ Tiger pins, No. 14332



\_\_\_\_\_ Wolf pins, No. 14333



\_\_\_\_\_ Bear pins, No. 14334



\_\_\_\_\_ Webelos pins, No. 14335



One Pack Award Streamer, No. 17808



\_\_\_\_\_ Den participation ribbons, No. 616254



BOY SCOUTS OF AMERICA®

# SUMMERTIME ACTIVITIES TRACKING SHEET

## JUNE

Leader(s) responsible \_\_\_\_\_

Pack activity \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Number of dens that participated \_\_\_\_\_ Number of dens with at least 50 percent of members present \_\_\_\_\_

Number of Tiger Scouts participating \_\_\_\_\_ Number of Wolf Scouts participating \_\_\_\_\_

Number of Bear Scouts participating \_\_\_\_\_ Number of Webelos Scouts participating \_\_\_\_\_

Number of parents/family members participating \_\_\_\_\_

Comments \_\_\_\_\_

## JULY

Leader(s) responsible \_\_\_\_\_

Pack activity \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Number of dens that participated \_\_\_\_\_ Number of dens with at least 50 percent of members present \_\_\_\_\_

Number of Tiger Scouts participating \_\_\_\_\_ Number of Wolf Scouts participating \_\_\_\_\_

Number of Bear Scouts participating \_\_\_\_\_ Number of Webelos Scouts participating \_\_\_\_\_

Number of parents/family members participating \_\_\_\_\_

Comments \_\_\_\_\_

## AUGUST

Leader(s) responsible \_\_\_\_\_

Pack activity \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Number of dens that participated \_\_\_\_\_ Number of dens with at least 50 percent of members present \_\_\_\_\_

Number of Tiger Scouts participating \_\_\_\_\_ Number of Wolf Scouts participating \_\_\_\_\_

Number of Bear Scouts participating \_\_\_\_\_ Number of Webelos Scouts participating \_\_\_\_\_

Number of parents/family members participating \_\_\_\_\_

Comments \_\_\_\_\_

Date needed \_\_\_\_\_ Cubmaster signature \_\_\_\_\_

Pack committee chair signature \_\_\_\_\_

Send to \_\_\_\_\_  
Name Street, city, state, zip code

**TO ASSURE PROMPT RECOGNITION, SUBMIT APPLICATION TO LOCAL COUNCIL SERVICE CENTER AS SOON AS POSSIBLE AFTER YOUR AUGUST ACTIVITY.**