January 2014

NSW GREY WOLF COMMENCEMENT FORM

To be completed at age 9 ½ years or when Cub Scout commences Gold Boomerang.

COMPLETED FORM TO BE SENT TO: REGION COMMISSIONER CUB SCOUTS OR DELEGATE

CUB SCOUT'S DETAILS: MEMBERSHIP NO: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

GROUP: _____ PACK: _____

DISTRICT: _____ REGION: _____

REQUIREMENTS FOR THE GREY WOLF AWARD CAN BE FOUND IN THE CUB SCOUT RECORD BOOK.

LOG BOOKS ARE NOT A REQUIREMENT OF THE GREY WOLF AWARD

AWARD COMMENCEMENT DATE: _____

PACK LEADER'S NAME: _____

ADDRESS: _____

CONTACT NUMBER OR EMAIL_____

PARENT's EMAIL _____

ALL COMPONENTS OF THE GREY WOLF AWARD MUST BE COMPLETED BEFORE THE CUB SCOUTS 11th BIRTHDAY. THE APPLICATION FORM MUST BE SUBMITTED TO THE RCCS WITHIN TWO WEEKS OF COMPLETION OF THE AWARD AND BEFORE THE CUB SCOUTS 11TH BIRTHDAY.

THE PACK LEADER IS RESPONSIBLE FOR ENSURING THAT ALL DOCUMENTATION IS SUBMITTED ON TIME. **LATE APPLICATIONS WILL NOT BE ACCEPTED.**

LEADER SIGNATURE _____ **DATE:** _____

I UNDERSTAND THAT ALL COMPONENTS OF THE GREY WOLF AWARD MUST BE COMPLETED AND SUBMITTED TO THE PACK LEADER BEFORE MY CHILD'S 11TH BIRTHDAY.

I UNDERSTAND THAT LATE APPLICATIONS WILL NOT BE ACCEPTED AND THAT THE PACK LEADER IS RESPONSIBLE FOR SENDING THE FORM TO THE RCCS OR DELEGATE FOR SIGNING.

PARENT/CARER SIGNATURE _____ **DATE:** _____

AUTHORISED TO COMMENCE:

RCCS/DCSL: _____ DATE RECEIVED: _____

CONTACTED LEADER WITH APPROVAL TO COMMENCE GREY WOLF AWARD: YES / NO

DATE GREY WOLF AWARD APPLICATION RECEIVED: _____

THIS FORM MUST BE ATTACHED TO THE GREY WOLF APPLICATION FORM WHEN SENT TO SCCS ON COMPLETION OF ALL REQUIREMENTS