100TH ANNIVERSARY CENTENNIAL AWARD

Name _____ District _____

Circle one:
Scout Volunteer

Circle One:
Pack Troop Crew Post

Unit Number _____

*All requirements must be completed in calendar year 2020.
*Applicant is responsible for keeping lists/records and documenting completion.
*Documentation is reviewed and approved by unit leader, unit committee chair, training course director, district training chair, district commissioner or council commissioner.
*Submit completed form to the Scout Shop.

Please select ONE of the following activities and indicate the date completed. You may use the reverse side or attach a separate detailed log.

Date completed	Type of activity
_____	100 Hours of Service (for community, church or Scout projects)
_____	100 Miles Hiking and/or Canoeing (can be different events)
_____	100 Commissioner Contacts (verified in Commissioner Tools)
_____	100 Hours Training Completed (as a participant or trainer – includes Woodbadge, Philmont, NYLT, etc.)
_____	100 Days of Fitness (at least 30 minutes per day – does not have to be consecutive)
_____	100 Good Turns

On my honor, I have completed the requirement as indicated:

_____
Applicant Signature

_____ _____ _____
Approved by Position/Title Date