

Application for Bronze Star



Name of the School: Group Number:

No.	Name With Initials	Age	Date of Birth			Registration No.		Date of completing Membership			Book Reader CS/IN/01			Arts CS/CU/01			Date of Passing Bronze Star		
			Date	Month	Year		M / F	Date	Month	Year	Date	Month	Year	Date	Month	Year	Date	Month	Year
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9.																			
10.																			

The above Cub Scouts have qualified to receive the Bronze Star.

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Name of Cub Scout Leader

.....
Signature

.....
Warrant Number

.....
Date

Dear District Commissioner,

I kindly request you to issue the Bronze Star to the Cub Scouts whose names are mentioned on the reverse side, as they have successfully completed all the required criteria for the badges.

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Group Scout Master

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Principal

Dear Badge Secretary,

Please issue the above-mentioned badges.

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Assistant District Commissioner - Cub

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District Commissioner

Shop Assistant,
Scout Shop

Please issue the Bronze Star for the Cub Scouts listed on the reverse side.

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Badge Secretary

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Date

Badges Issued.

.....

Shop Assistant

.....

Date