



Fall Creek District Pack of the Year

Pack #:	Charter Organi	zation:								
Committee Chair:			Cubmas	ter:						
Phone #:		Co	mmittee Chair	Email:						
# of Youth	l	# o	f Adults	9,	% of families receive Boys' Life					
Name of Person Mak	king Nomination:			Position:						
Email:										
Phone #:		7	oday's Date:							
Is the Cubmaster train	ned?									
Are Den Leaders train	ned? (percentage)									
What percentage of the	he unit advanced in rank thi	is year?								
Did the unit achieve l	Bronze/Silver/Gold JTE sta	tus this year?								
Other awards?										
Did the unit have an open house or other recruiting event? Specify.										
Did the unit hold regular meetings?										
Did the unit hold regular activities?										
Did the committee hold regular meetings?										
Did the unit do any service projects? Specify.										
Write a brief account of why this pack is the best pack in Fall Creek District. Use additional space if needed.										
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Fall Creek District Cubmaster of the Year

Name of Cubmaster:						Pack	Pack #:			
Ad	dress:									
Ph	one #:			Email						
An	nount of Time Served	as Cubmaster:		Numb	er of Scouts	of Scouts in the Pack:				
Name of Person Making Nomination:							tion:			
Em	pail:									
Phone #:				Today	Today's Date:					
Wł	nat training has this per	son completed?								
Do	es this Cubmaster mak	e sure other leaders	are trained?							
Dio	l the unit achieve Bron	ze/Silver/Gold JTE	status this year?							
Wł	nat Awards/Recognition	ns has this Cubmast	er been given?							
Cubmaster's Training Award				Eagle So						
Cub Scouter's Training Award				Order of	Order of the Arrow		Vigil Honor			
	District Award of M	erit		Firecraft	er		Minisino			
Silver Beaver Award				Other - specify						
Write a brief account of why the nominee is the best Cubmaster in Fall Creek District. Use additional space if needed.										