

To be eligible for Scouting's 100th Anniversary Shawnee Lodge Pocket Flap a Scout or Scouter must complete the following requirements.

- Signature
1. Be currently registered in Scouting and the Shawnee Lodge. _____
 2. Have been an active member in your unit (must be signed by unit leader.) _____
 3. Have been in attendance at no less than two lodge/ chapter activities. _____ 1 _____ 2 _____
 4. Have completed 10 days and nights of Scout camping including six days and nights of long term camp January 2010 and July 2011. _____
- Long-term Camp Attended _____ Date _____
5. Participate in one of the following activities or have held one of the elected positions:
 - Camping Promotion _____
 - Ceremonial Team Member _____
 - Elangomat _____
 - Lodge / Chapter Officer _____
 - Lodge / Chapter Chairman _____
 - Lodge / Chapter Adviser _____
 6. Participate in both of the following: _____
 - Chapter Service Project _____
 - Service project outside of Scouting _____

Items above are to be signed by a chapter or lodge officer unless specified.

APPLICANT'S CERTIFICATION:

I certify that I have maintained my lodge and Scout registration, continued my interest in Scouting and camping, and have continued to serve others cheerfully. I have attended Order of the Arrow functions so far as I am able, and now wish to apply for Scouting's 100th Anniversary Shawnee Lodge Pocket Flap

Date: _____ Signed: _____

UNIT LEADER'S CERTIFICATION:

I certify that the above Shawnee Lodge member has completed the camping requirements and has lived in accordance with the Scout Oath and Law, and the principles of the Order of the Arrow, always showing cheerfulness in service to others.

Date: _____ Unit Leader's Signature: _____

Completion of requirements provides the Shawnee Lodge member the opportunity to purchase two (2) Shawnee Lodge anniversary pocket flaps.

FOR CHAPTER SECRETARY

Recipient's Name: _____

Chapter: _____

Unit #: _____

Fee paid (Cost is \$4.00 per pocket flap): _____



100 th ANNIVERSARY OF SCOUTING SHAWNEE LODGE POCKET FLAP	NAME _____ CITY _____ MO _____ CHAPTER (DISTRICT) _____ UNIT NO. _____ AGE _____
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