

Application for Silver Star



Name of the School: Group Number:

No.	Name With Initials	Age	Date of Birth			Registration No.	M / F	Date of passing Bronze Star			Gardner CS/SO/06			House Orderly CS/SO/07			Date of Passing Silver Star		
			Date	Month	Year			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 Silver Star.

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Name of Cub Scout Leader

Signature

Warrant Number

Date

Dear District Commissioner,

I kindly request you to issue the Silver 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 Silver Star for the Cub Scouts listed on the reverse side.

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Badge Secretary

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Date

Badges Issued.

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Shop Assistant

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Date