

Artillery Trail Trail 2

Application for Award - Official Credential Card

Scout's Name and Age _____

Address, City, State and ZIP code: _____

Scout Rank _____ Unit or Organization _____

Scout Council (if any) _____

Have you hiked this complete by foot? _____ Date of Hike _____

Have you completed the answers below? _____

Hiker's Signature _____

Leader's Signature _____ Date _____

Questions:

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