DIOCESE OF BATON ROUGE
CATHOLIC COMMITTEE ON SCOUTING
RELIGIOUS AWARD CEREMONY APPLICATION

There is an application fee of $4.00 PER SCOUT. (Check written to "Catholic Committee on Scouting").
Please print and fill in all the blanks. Scout's Full Christian Name will appear in the program.

Name of Religious Emblem applying for: _____

Scout's ***Full Christian Name***: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian's Name: _____

Phone Number: (____)_____

(Circle Scout group) GS Troop, CS Pack, BS Troop, or Post, or Unit Number: _____

Name of Scout's Church Parish: _____

Parish Address: _____

City: _____ State: _____ Zip:_____

Pastor's Name (Print name): _____

Who helped you earn your religious emblem? List organization _____or check off the following:

_____ Parent _____ Pack / Troop Religious Emblem Counselor

_____ Unit Leader _____ Religious Emblem Counselor

Name: _____

Address: _____

City: _____ State:_____Zip:_____

Phone Number: (H) (_____)_____ (W) (____)_____

CERTIFIED RELIGIOUS EMBLEMS COUNSELOR'S SIGNATURE *(REQUIRED)*

Name: _____Date:_____

Telephone Number: _____Email Address: _____

Due Date June 15.

Please submit the application fee, the attached form (Diocese of Baton Rouge CCOS RAC Application form), and the original application in the Religious Emblem Booklet to the following address:

ATTN: Religious Emblems

Catholic Committee on Scouting
P.M.B. 422
Baton Rouge, LA 70816

Form revised Feb. 5, 2009