



## FLEUR-DE-LIS AWARD NOMINATION FORM

NAME \_\_\_\_\_

UNIT \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_

POSITION IN SCOUTING \_\_\_\_\_

NUMBER OF YEARS OF SERVICE \_\_\_\_\_

TYPE OF SERVICE RENDERED \_\_\_\_\_

\_\_\_\_\_

SUBMITTED BY \_\_\_\_\_