

Application for the Simon Kenton Council  
**COMMISSIONER CREST OF SERVICE AWARD**  
**DISTRICT COMMISSIONER**

Name _____	<u>Office Use Only</u>
Address _____	Date Received: _____
City _____ State _____ Zip _____	Patch Awarded: _____
District _____ Date submitted _____	Certificate & Pin: _____
	Service Pin Year: _____

**District Commissioners:**

\_\_\_\_\_ Recharter 80% or more of assigned units on time; or have a 25% increase in the number of units rechartering on time from the previous year.

\_\_\_\_\_ Conduct formal Charter Presentations through Unit Commissioners for 60% of the charters in the district.

Number of Units in the District: \_\_\_\_\_

Number of Units Last Year: \_\_\_\_\_

Number of On-time Recharterers: \_\_\_\_\_

Number of Charter Presentations: \_\_\_\_\_

Approved by: \_\_\_\_\_  
Council Commissioner

Date: \_\_\_\_\_