FIRECRAFTER ADVANCEMENT RECORD

COUNCIL	DISTRICT	UNIT #	CAMP	WEEK #	***OFFICE USE*** CHECKED BY

UNIT LEADER: _____ ARE YOU A FIRECRAFTER? _____ If no, would you like to be? _____

NAME (LAST)	**NAME (FIRST)**	**PLEASE CHECK OFF WHICH RANK(s) THE SCOUT EARNED THIS YEAR**				
		Webelos Camper	Firelight	Camper	Woodsman	Firecrafter