



## *DIOCESE OF VENICE IN FLORIDA*

### *Youth and Young Adult Outreach*

#### **APPLICATION – KRISTALLNACHT COMMEMORATION SERVICE PIN**

The sole requirement to earn this award is attending one Catholic-Jewish Dialogue of Collier County Kristallnacht Commemoration Service.

***Please print clearly or type***

Name of Applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City and State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

School attending \_\_\_\_\_ Present grade \_\_\_\_\_

Parish you are a member of \_\_\_\_\_

Type of Scouting Program Enrolled (Boy Scouts, American Heritage Girls, etc.): \_\_\_\_\_

I hereby make application for the KRISTALLNACHT COMMEMORATION SERVICE PIN. On my honor as a Scout, I certify that I have faithfully fulfilled the requirement for the KRISTALLNACHT COMMEMORATION SERVICE PIN to the best of my ability.

\_\_\_\_\_  
Applicant's Signature

#### **To be completed by the Troop or Chapter Leader/Parent/Legal Guardian:**

This is to certify that \_\_\_\_\_ (Scout's Name) attended the Kristallnacht Commemoration Service on \_\_\_\_\_ (Date).

\_\_\_\_\_  
Signature of Troop or Chapter Leader/Parent/Legal Guardian

**Mail to:** Diocese of Venice in Florida, Office of Youth and Young Adult Outreach,  
ATTN: Scouting, 1000 Pinebrook Road, Venice, FL 34285

**Or e-mail to:** [robertpaquette@snet.net](mailto:robertpaquette@snet.net)

Please type **Scouting** in the subject field