

OFFICIAL GORILLA PATROL MISSION SUMMARY

Current Rank in the Gorilla Patrol (if applicable): _____

District: _____ Scout Unit: _____

Scout Position: _____

Youth: _____ Adult: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Brief Summary of Gorilla Patrol Mission:

Date Mission Was Executed: _____

Location of Mission: _____

Unit Leaders Approval Signature of Mission:

Email Mission Photograph to communication@ocbsa.org with this form. Share on your social media pages using #ocbsagorilla

CONGRATULATIONS!

YOU ARE NOW A MEMBER OF THE FEW, THE PROUD, THE GORILLA PATROL!!

For Office Use Only

Gorilla Patrol Headquarter

Location: _____

Date

Submitted: _____

Signature of Gorilla Patrol Headquarter

Officer: _____