



Tri-Shores Council

Application for Development Wood Badge Training



Administration Office: 531 Windermere Rd., London ON, N5X 2T1
 Phone 519-432-2646 or 1-866-568-7472 Fax 519-432-1677

I wish to attend the Woodbadge I or II –(select one) Colony Pack Troop
 Company Crew Other

To be held at:

Dates:

Name:

(Surname)

(Given Names)

(Nickname)

Address :

(Apt./ Number /Street)

(City)

(Postal Code)

Home Phone:

Cell Phone:

D.O.B / /

Email:

Day M Year

Present Role in Scouting:

Length of Service

Group/Area:

Leadership experience in Scouting (Role, Dates, Locations)

Previous Training Taken: (NB* Please list only **one** date of most current course completed or equivalent)

Woodbadge Training (Part I): Date

Section(s)

Woodbadge Training (Part II): Date*

Section(s)

APPLICANTS FOR ALL COURSES MUST HAVE THE GROUP COMMISSIONERS APPROVALS

Signature of Applicant:

Date

MMS #

I believe the Applicant to have leadership ability to take this training course. The applicant is a fully registered member of Scouts Canada in good standing.

Group Commissioner Signature:

Fee \$

Paid: Cheque or Cash

Receipt #:

Please note: Presentation of this form to the Course Administrator indicates participation. A fee will be charged in the event of non-participation.