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:	Work Phone:	DOB / /

Email: Day M Year

Present Role in Scouting:	Length of time

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 AND AREA COMMISSIONERS APPROVALS

Signature of Applicant:	Date	MMS # (if known)

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:	

Area	Area Commissioner Signature:
Fee $ Paid: Cheque or Cash	Please note: Presentation of this form to the office and/or Course Administrator indicates participation. A fee will be charged in the event of non-participation.
Receipt #:	