



SCOUTS CANADA, Central Ontario Admin Centre
265 Yorkland Blvd., 2nd Floor, North York, Ontario M2J 5C7

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TRAINING COURSE APPLICATION FOR WOOD BADGE PART II

Course dates: Sept 30th-Oct 2nd and Nov 4th – 6th, 2011

Location: Blue Springs Scout Reserve

I hereby apply to attend the Wood Badge Part II Section: _____

I enclose a fee of \$235.00 Registration due by : Sept. 15th, 2011

PLEASE PRINT CLEARLY

Name: _____ Sex: M _____ F _____ DoB: (yy/mm/dd) _____

Address: _____ City: _____ Postal Code: _____

Contact Telephone #: _____ Best time/location to contact: _____

Email Address: _____ Member#(MMS#) _____

Registered with: _____ Area/Council: _____

Current Role in Scouting: _____ Group: _____

Council: _____ Section: _____

Additional Information:

Comments: Physical, Medical Conditions, Allergies or Dietary Needs, etc. If insufficient space, enclose additional page .

Previous Training: (Applicants for Woodbadge Part II must hold a Woodbadge Part I in the same program or service section and be working in the section for a minimum of one year.)

Woodbadge Part I held in: Colony ____ Pack ____ Troop ____ Company ____ Crew ____ Service: ____ Year Received: ____

Woodbadge Part II held in: Colony ____ Pack ____ Troop ____ Company ____ Crew ____ Service: ____ Year Received: ____

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(Note: Refunds made only if notification of inability to attend is received at least 4 weeks prior to the opening date of the course or if the application is not accepted. **Make cheque payable to: SCOUTS CANADA. No post-dated cheques.** Payment must accompany registration for as you are not completely registered until the course fee is paid in full. Maximum number of course participants accepted based on a first paid first accepted order.

Applicant's Signature: _____ Date: _____



Office Use Only: Fee Received _____ Date Received: _____ Welcome letter sent _____

Course Coordinator: Ed Buckle ebuckle@bmts.com Res#: 519-389-4349

Approval of the area commissioner (or designate)

I believe the applicant to have the leadership ability and to be worthy of the opportunity to take this training course.

Area Commissioner: _____ Area: _____ Council: _____

Signature: _____ Date: _____