



SCOUTS CANADA, GREATER TORONTO COUNCIL
 265 YORKLAND BLVD., 2ND FLOOR, NORTH YORK, ONTARIO M2J 5C7
 FAX 416-490-6911 E-MAIL csmith@scouts.ca

TRAINING COURSE APPLICATION

Male Female

NAME (PLEASE PRINT OR TYPE)

STREET ADDRESS _____ APT. # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

HOME PHONE _____ BUSINESS PHONE _____

DATE OF BIRTH _____ E-MAIL _____
 (year/month/day)

SCOUTER –IN-TRAINING COURSE

LEATHEN CENTRE, WOODLAND TRAILS

LOCATION

APRIL 16-18, 2010

DATE

REGISTERED AS A VENTURER WITH

GROUP _____ AREA _____

COUNCIL _____

WORKING AS S.I.T. WITH SECTION: BEAVER COLONY CUB PACK SCOUT TROOP

OTHER (specify) _____

Physical or Dietary needs: _____

I have enclosed my course fee (cheques payable to Scouts Canada) and understand that it is returnable if my application cannot be accepted or if I withdraw my application in time to permit my place to be assigned to another applicant.

Signature: _____
 (Provide return E-mail address for E-mail applications)

If applicable, please send receipt to:

REGISTRATION AND PAYMENT of \$60.00 DEADLINE IS APRIL 2, 2010