

Shining Waters Council

# Wood Badge Part II

# Colony, Pack, Troop, Company

Course Dates: Sept. 25 to 27, 2009 and Oct. 30 to Nov. 1, 2009

Location: Woodland Trails, Leathem Centre

Fee: \$ 200.00

**Prerequisites:** Wood Badge Part I in the section that you are applying for; have been working in the section for a minimum of one year.

Applications must be signed by your Area Commissioner

For more information, contact Lorie Eaton, Shining Waters Council Deputy Council Commissioner for Adult Development at [teaton@bmts.com](mailto:teaton@bmts.com)

# Scouts Canada – Shining Waters Council

Training Department ,265 Yorkland Blvd., 2<sup>nd</sup> Floor, North York, Ontario M2J 5C7

Email: csmith@scouts.ca

## APPLICATION FOR TRAINING

PLEASE PRINT CLEARLY OR TYPE:

I hereby apply to attend the \_\_\_\_\_ Section: Wood Badge II

Course Dates: Sept. 25 to 27, 2009 & Oct. 30 to Nov. 1, 2009

Location: Woodland Trails

I enclose a fee of \$ 200.00

Name: \_\_\_\_\_ Sex :  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Member#( MMS#) \_\_\_\_\_ Date of Birth: (YY/MM/DD) \_\_\_\_\_ REGISTERED WITH

Current Role in Scouting: \_\_\_\_\_ Group: \_\_\_\_\_

Council: \_\_\_\_\_ Section: \_\_\_\_\_

### Additional Information:

Comments (Physical, Medical Conditions, Allergies or Dietary Needs, etc.)

**Previous Training:** (Applicants for Wood Badge Advanced Training are required to be a Wood Badge Part I holder in the same section.)

Wood Badge Part 1 held in: Colony  Pack  Troop  Company  Crew  Service  Year Received: \_\_\_\_\_

Wood Badge Part 2 held in: Colony  Pack  Troop  Company  Crew  Service  Year Received: \_\_\_\_\_

*(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 cannot be accepted. Make cheque payable to: SCOUTS CANADA. No post-dated cheques. Cheques must accompany registration form. You are not completely registered until the course fee is paid in full)*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: Fee Received  Date Received \_\_\_\_\_ Entered  Welcome Letter Sent  Mail  
Person  Phone  Email  Fax  Other

### Approval of the Area Commissioner (or service team 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: \_\_\_\_\_