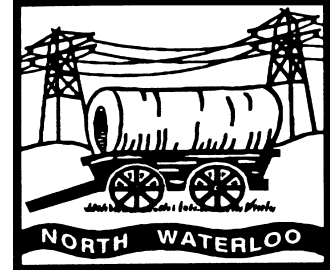




North Waterloo Area

APPLICATION FOR TRAINING



To be used for training courses other than Woodbadge Basic which are offered by North Waterloo Area.

Please Print Clearly or Type

Course Name: _____

Course Dates: _____ Location: _____

Name: _____ M: ___ F: ___

Address: _____ City: _____ PC: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Health Card #: _____ Age: _____ (if under 18)

Your Group Name: _____

Present Role In Scouting: _____ Your Section: _____
(Beavers, Cubs, Scouts, Venturers, Rovers)

I enclose a Fee of \$ _____

(Notes: Refund will be made only if notification of inability to attend is received at least two weeks prior to the opening of the course. Payment must be received two weeks prior to course date. You will not be officially registered until full payment is received. Please make all cheques payable to "SCOUTS CANADA-AREA 3-4 TRAINING" unless otherwise stated.

Date: _____ Applicant's Signature: _____

OPTIONAL INFORMATION: (Designed to assist trainers in meeting your needs)

Occupation: _____ Allergies: _____

Previous Experience in Scouting (Leadership / Training / Number of Years): _____

Previous Experience with Youth: _____

Physical Limitations: _____

For Administrative Use Only

Fee Received \$ _____ Receipt Issued: _____ Date: _____