## **Acceptance of Invitation**

## **Wood Badge Course**

(Submit to council service center.)			
I accept the invitation to attend the Wood Ba	dge course beir	ng held at (location o	of course)
starting on		·	
I understand that attendance at all sessions i the basic training and outdoor skills training leader.			
Signature		Date	
(Please print or type the following.)			
Name		Date of birth	
Address		Home phone	
City	State	Zip code	
Email address		Business phone	
Occupation	Emplo	oyer	
Council		No	
District			
Statement of medical health:			
☐ I understand that my participation in the V the Annual BSA Health and Medical Recor		ırse is based on the	successful completion of
Number of years in Scouting: As a youth _		As an a	adult
Present Scouting position			
Tenure in this position			
Scouting awards received			
Foreign languages spoken			
Foreign languages written			
Completion Dates of Required Training			
Basic training for your position			
Outdoor skills training for your position			
A \$ deposit is enand I notify the council service center at leas returned. (The balance of the fee must be pa	is enclosed to hold my place in the course. If I am unable to attend t least 35 days before the opening of the course, this deposit will be be paid 35 days before arrival at the course.)		
Registration and training certified—Approve	d for Wood Bad	ge by:	
2 12 15 1			

Council Scout Executive

2016 edition A-9