



REGISTRATION FOR TRAINING EVENTS

FRASER VALLEY COUNCIL

c/o DeEtte Bryce
3828 202 Street, Langley BC, V3A 1S1
Tel: 604 534-3660
Email: beehappyscouting@shaw.ca

OFFICE USE ONLY

COURSE # _____
RECEIPT # _____
MEMBER # _____

PLEASE REGISTER ME FOR THE FOLLOWING:

<input type="checkbox"/>	Woodbadge I - Colony	<input type="checkbox"/>	Woodbadge II - Colony	<input type="checkbox"/>	Adult Development Training
<input type="checkbox"/>	Woodbadge I - Pack	<input type="checkbox"/>	Woodbadge II - Pack	<input type="checkbox"/>	Trainer Development I
<input type="checkbox"/>	Woodbadge I - Troop	<input type="checkbox"/>	Woodbadge II - Troop	<input type="checkbox"/>	Trainer Development II
<input type="checkbox"/>	Woodbadge I - Company	<input type="checkbox"/>	Woodbadge II - Company	<input type="checkbox"/>	Trainer Development III
<input type="checkbox"/>	Woodbadge I - Crew	<input type="checkbox"/>	Woodbadge II - Crew		
<input type="checkbox"/>	Group Commissioner Training				
<input type="checkbox"/>	Other (please specify): _____				

Course Date[s]: _____

Location[s]: _____

Trainer I participation is on the recommendation of the Group, Area or Council Commissioner.
Trainer II & III participation is on the recommendation of the Council Commissioner or their designate.

COURSE PREREQUISITES / PREVIOUS TRAINING (check with DeEtte for course prerequisites)

	<u>Section</u>	<u>Date</u>	<u>Location</u>
Woodbadge I	_____	_____	_____
Woodbadge II	_____	_____	_____
Trainer I	_____	_____	_____
Trainer II	_____	_____	_____
Trainer III	_____	_____	_____

PLEASE NOTE:

- All training courses have minimum/maximum participant numbers.
- In the unlikely event of course cancellation you will be notified 1 week prior to the course or as soon as possible.
- A candidate is not considered registered for the course until this form and payment are received.
- Cancellation by participants within one week of the commencement of a course is subject to a \$10 cancellation fee.

PARTICIPANT INFORMATION

NAME: _____ GENDER: M F

STREET ADDRESS: _____ CITY: _____ P/C _____

PHONE: (Res) _____ (Alternate Phone) _____

EMAIL: _____

COUNCIL: _____ GROUP: _____ SECTION: _____

PAYMENT ENCLOSED: Cash Cheque Visa M/C
(Call DeEtte to supply credit card #)