

WOODBADGE CAMBERSHIP APPLICATION

Applications must be filled in completely with all requested information in order to be considered. All information on this application will be kept strictly confidential.

SECTION A

Camper's Name _____

Address _____ City _____ St. _____ Zip _____

Phone _____ Email Address _____

District _____ Unit Type _____ Unit Number _____

Does your unit participate in Friends of Scouting (FOS)? Yes _____ No _____

Does your unit Participate in the annual Bay-Lakes Council Popcorn Sale? Yes _____ No _____

Amount Requested: \$ _____ Camper Pays: \$ _____

SECTION B

Why is this campership needed? _____

Send by Mail: Christopher George
320 Winter Lane
Slinger, WI 53086
or by Email: cgbrewmaster@gmail.com

Date Received _____ Amount of Campership _____

Reviewed by _____ Date _____