

WOODBADGE CAMBERSHIP APPLICATION

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

SECTION A

Participant 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? _____

Return by Mail: Stacey Felton
2814 Rennys Way
Green Bay, WI 54313

Email: Stacey.Felton@gmail.com

Date Received: _____

Amount of Campership: _____

Reviewed by: _____

Date: _____