Wood Badge Beading Ceremony Request

To be completed by Ticket Counselor on behalf c	f Participant
Email address:	Cell phone:
Requested Date of Beading Ceremony:	Time of Ceremony:
Location (with address):	
	ble):
Event Contact Information	
Name of Person in Charge of the Event:	
Email:	
Phone 1:	
Who should we invite to participate?	
Name 1:	
Email:	Phone:
Name 2:	
Email:	Phone:
Name 3:	
Email:	Phone:
Email:	Phone:
Name 5:	
Email:	
Email:	
Name 7:	
Email:	