

WOOD BADGE TICKET COMPLETION

This is to certify the completion of the Wood Badge ticket of:

Participant _____

District: _____

Address: _____

City, State Zip: _____

Telephone: H: _____ **W:** _____

Email: _____

Date Completed: _____

Course: _____

Host Council: _____

Course Director: _____

Ticket Counselor: _____

District: _____

Address: _____

City, State Zip: _____

Telephone: H: _____ **W:** _____

Email: _____

Ticket Counselor Signature: _____

Mail to: _____

