

QUEEN'S VENTURER AWARD

SCOUTS CANADA: *New Brunswick Council*

APPLICATION



Venturer: _____

(Printed name appearing in this space will be what is put on the award parchment)

Mailing Address: _____



Group: _____ **Area:** _____

Contact Phone #: _____ **E-mail:** _____

THIS IS TO CONFIRM THAT VENTURER

Has successfully completed the requirements for the Queen's Venturer Award, as outlined in an up to date version of the Canadian Venturer Handbook.

Venturer Advisor: _____

Please Sign

Advisor Address: _____

Please Print

Company President: _____

Please Sign

Mailing Address: _____

Complete applications must be received NB Council office on or before September 15th.

SCOUTS CANADA: NB Council

P.O. Box 21042,

Quispamsis, N.B., E2E-4Z4

Phone # 506-847-9583 Fax# 506-847-9579

For Office use only:

Date application received; _____