

WOOD BADGE TICKET COMPLETION

This is to certify the completion of the Wood Badge Ticket of

Participant: _____
(Please print exactly how name is to appear on certificate)

District: _____

Address: _____

City, State, Zip _____

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

Email: _____

Date Completed: _____

Course: NE VI-75

Host Council: Baltimore Area Council

Course Director: Emily Michelsen phone 410-279-5758
2419 Fox Creek Lane
Davidsonville, MD 21035
cd.nevi75@gmail.com

Ticket Counselor: _____

District: _____

Address: _____

City, State, Zip _____

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

Email: _____

Ticket Counselor Signature: _____

Mail to Wood Badge Registrar
P.O. Box 604
Columbia, MD 21045
e-mail: bacwoodbadge@verizon.net