

ONTARIO QUEEN'S VENTURER AWARD CONFIRMATION FORM

I have acquired the necessary competence in skills that may be of use to others and I am willing to put these skills to use whenever necessary.

Name: _____ Age: _____ Date: _____

Address: _____ Postal Code: _____

Company Name & Number: _____

Area: _____ Council: _____

Approval of Company: _____ Date: _____

Approval of Advisor: _____ Date: _____

Approval of Commissioner: _____ Date: _____

Group Partner: _____

Parent(s)/Guardian's Name(s): _____

Address: _____ Postal Code: _____

Advisor's Name: _____

Address: _____ Postal Code: _____

PLEASE PRINT, MAKING SURE ALL INFORMATION IS LEGIBLE AND THE SPELLING OF THE VENTURER'S NAME IS CORRECT AND AS IT IS TO APPEAR ON THE CERTIFICATE

Please describe the most significant experience while earning this award:

Please take or send this application form and money to your nearest Scout Shop to obtain the Queen's Venturer Award crest, then forward this confirmation form immediately to your Area Commissioner, your Administration Centre and to:

Scouts Canada Central Ontario Administration Centre, 265 Yorkland Blv 2nd Fl, Toronto ON M2P 5C7 FAX: (416) 490-6911

**Administration Centres please forward this form to the Central Ontario Admin. Centre upon receipt for preparation of the Provincial Recognition Ceremony normally held in the autumn of each year.