

Wood Badge

2026 Participant Application

February 20-22, 2026 Camp Horne March 7-8, 2026



Participant Information

| Full Name: | Age: | | | | |
|--|---|---|------------------|-------------------------|-----------|
| Current Position in Scouting: | | Gender: _. | MF | | |
| [Unit: PackB_F OR | TroopB _G] | District: _ | _ Prairie | Mountain | River |
| Eagle Scout?Yes No | Number of Years in So | couting, as a | Youth: | Adult: | _ |
| Mailing Address: | | | | | |
| City: | Zip Cod | de: | | | |
| Email: | | | Phone | 9 : | |
| T-Shirt Size (Adult Sizes):Sm | ıMdLgXL | 2XL3 | 3XL | | |
| Special Dietary Restrictions: | | | | | |
| Emergency Contact Inform | nation | | | | |
| Emergency Contact Full Name: _ | · · · · · · · · · · · · · · · · · · · | | | Phone: | |
| Emergency Contact Relationship | to Participant: | | | | |
| Acknowledgements I understand and agree to the following. I will maintain current registration ir I have, or will, complete basic Lead I will provide a complete BSA Annuacurrent within one year. I will be in attendance for the entire | der Specific Training for my Sco al Health form (Parts A, B, and o | outing Position be C) with medical c | efore the star | t of the course. | signature |
| Participant Signature: | | Date: | | | |
| I will provide a complete BSA Annua current within one year. I will be in attendance for the entire | e course (on time and no early | C) with medical o | doctor's or lice | ensed practical nurse's | się |

Total Course Fee: \$300

Payment Schedule: \$ 50 Due with Application (transferrable but not refundable) \$100 Payment by December 3, 2025 \$150 Payment (Balance) Due by January 30, 2026 Black Warrior Council, B.S.A. P.O. Drawer 3088 2700 Jack Warner Pkwy, N.E. Tuscaloosa, AL 35403 (205) 554-1680