

**SCOUTS CANADA**

**Appendix "B"**

**Date:** \_\_\_\_\_

**GROUP COMMITTEE WORKSHEET  
FOR THE \_\_\_\_\_ SESSION**

Group Name: \_\_\_\_\_ Parent Org Unit: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Sponsor Type: \_\_\_\_\_

**Group Committee**

Meeting Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Facility Wheelchair accessible:? YES / NO

Meeting Day and Time: Meeting Day: \_\_\_\_\_ Meeting Time: \_\_\_\_\_ AM / PM

Maximum number of Adults: \_\_\_\_\_ Maximum number of Youth: \_\_0\_\_

Registrar Name: \_\_\_\_\_

Registrar Contact Phone Number: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

**Section 1** \_\_\_\_\_

Meeting Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Facility Wheelchair accessible:? YES / NO

Meeting Day and Time: Meeting Day: \_\_\_\_\_ Meeting Time: \_\_\_\_\_ AM / PM

Maximum number of Adults: \_\_\_\_\_ Maximum number of Youth: \_\_\_\_\_

Section open to members of sponsoring body only?: YES / NO Co-ed?: YES / NO

Registration Contact Name: \_\_\_\_\_

Registration Contact Phone Number: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

**Section 2** \_\_\_\_\_

Meeting Location Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Facility Wheelchair accessible:? YES / NO

Meeting Day and Time: Meeting Day: \_\_\_\_\_ Meeting Time: \_\_\_\_\_ AM / PM

Maximum number of Adults: \_\_\_\_\_ Maximum number of Youth: \_\_\_\_\_

Section open to members of sponsoring body only?: YES / NO Co-ed?: YES / NO

Registration Contact Name: \_\_\_\_\_

Registration Contact Phone Number: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_

