



COUNCIL INTERNATIONAL REPRESENTATIVE NOMINATION FORM

Council Name: _____ Council No.: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Email: _____ *(strongly recommended for information distribution)*

Local Council Scout Executive: _____

Signature: _____ Date: _____