



Ceremonial Team Reservation Form

WAPSUCHUPPECATT CHAPTER

CONTACT INFORMATION (OF PERSON IN CHARGE OF EVENT)

Name _____ Phone _____

Email _____

CROSSOVER INFORMATION

Pack No. _____ Northeast District Pioneer District

Type of Meeting? Blue & Gold Pack Meeting Other _____

Event Date _____ Event Time _____ AM PM

TEAM WILL NEED TO ARRIVE 30 MINUTES PRIOR TO START OF EVENT

Event Location _____ Location Name _____

Address _____ Room No. _____

Meal Provided? Yes No If Yes, Team Invited? Yes No Not Applicable

Crossover Bridge Available? Yes No Changing Room Available? Yes No

AVAILABLE CHANGING ROOM CANNOT BE A RESTROOM

_____ Number of YOUTH Receiving Arrow of Light

_____ Number of YOUTH Crossing Over

_____ Number of ADULTS Crossing Over

Troops Receiving Webelos (i.e. Troop 123) _____

Comments / Questions

Once completed, submit this form using the button below or by email at: WAPceremonial@comcast.net