



Yes! I would like to register as a Leader in The Duke of Edinburgh's International Award Program.

NAME (first/last):

ADDRESS

(#, Street name, Apt #, City, Province, Postal code):

PHONE (Area code- ###-####):

E-MAIL:

M:

F:

DATE OF BIRTH mm/dd/yy: _____

START DATE mm/dd/yy:

NAME OF GROUP

newbrunswick@dukeofed.org

The Duke of Edinburgh's International Award,
New Brunswick,
65 Brunswick Street, Suite 287,
Fredericton NB, E3B 1G5

NEW LEADER?

Yes or no

INFO UPDATE?

Yes or no

CHANGED GROUP?

Yes or no

Original Date of Entry as Leader: (mm/dd/yy)

Have you Completed Leader Training?

Yes or No

Have you been trained on ORB?

Yes or No

Are you an Award Holder?

Level: _____

Date (mm/dd/yy): _____

Names of Other Group Leaders (If Applicable):

