



Camp Fire WoHeLo Award

DECLARATION OF INTENT

NAME:

YEAR EXPECTING TO RECEIVE AWARD:

COUNCIL:

EMAIL:

SCHOOL & GRADE:

HOME ADDRESS:

PHONE NUMBER:

MISSION STATEMENT:

ADVOCACY TOPICS:

ADVISOR'S NAME:

ADVISOR'S EMAIL:

ADVISOR'S PHONE:

SIGNATURES

Applicant Signature

Date

Parent/Guardian Signature

Date

Advisor Signature

Date