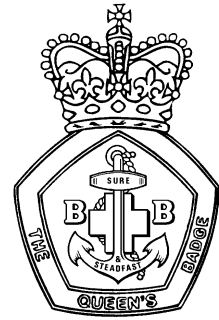




QUEEN'S BADGE COMPLETION COURSE



From _____ Area Organiser
 _____ Area
 To Alan Summers Queen's Badge Coördinator
East Lowland Area Area

The following candidate(s) are unable to attend the Completion Course in our area and have registered for the Course run by your area.

Name	Company	Earliest Completion Date

Contact: Name _____
 Address _____

 Post Code _____
 Telephone _____
 eMail _____

I delegate to you, to authorise on my behalf, the Queen's Badges of the above named candidates on satisfactory completion of the Course.

Delete as appropriate	Yes	No
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Signed _____ Date _____