



WATRA 2015 – Time to act! Initial Application Form

Name of the Scout/Guide Organisation	
Name of the patrol	
Patrol leader's name	
Patrol leader's email	
Patrol leader's mobile phone	
Patrol members - names	
International Commissioner's approval*	Signature:
Name:	Date:

* Please ask your International Commissioner to send an email with your approved application to wza@zhp.pl (International Department of ZHP).