

## Request for Wilderness Vigil

Chapter Name		Date	
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Wilderness Vigil Coordinator			
Phone#		Cell Ph#	
Address		City	
State		Zip	
Email			

List the names and addresses of all Wilderness candidates that will be attending the Wilderness Vigil.

Name	Address
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Proposed Date	
Proposed Location	

Attach a map and directions for the proposed location with this request form.

This section to be completed by the Territorial Representative

Date Received		Approved		Denied	
Reason Denied					
Territorial Representative Signature				Date	