

Request for Authorization to Conduct a BSA-Sponsored Leave No Trace Trainer Course



From: _____ Master Educator

To: Council Outdoor Ethics Advocate, _____ Council

In accordance with the National Council’s Leave No Trace Trainer Course Manual and the Leave No Trace Center for Outdoor Ethics Training Guidelines for Leave No Trace Trainer Courses, authorization is requested to conduct a Leave No Trace Trainer course. This course will be conducted at:

Location: _____

Days: _____ to _____. District: _____

Equipment, facilities and course content will meet the high standards/expectations for a BSA-sponsored Leave No Trace Trainer course. We will use the approved *BSA Leave No Trace Trainer Course Manual* and the course will last a minimum of 16 hours and will include an overnight experience. The following individuals will serve as instructors:

Position	Name	Email	Phone	ME/T
Lead instructor	_____	_____	_____	<u>ME</u>
Co-instructor 1	_____	_____	_____	_____
Co-instructor 2 (optional)	_____	_____	_____	_____

Additional co-instructors can be listed on the back. This course has been coordinated with:

_____ The District AND/OR Council Training Committee(s), if required (yes/no).

_____ Space reservations are in place (yes/no).

_____ The course budget is attached (yes/no). The per-person fee is \$_____

The instructors agree to submit a training report to the Council Outdoor Ethics Advocate, the Training Committee(s) and the Leave No Trace Center for Outdoor Ethics within 14 days.

Applicant’s Signature: _____ Telephone _____

APPROVED: _____ **Date:** _____
Council Outdoor Ethics Advocate/Other Authorized Individual