REQUEST FOR AUTHORIZATION TO CONDUCT A POWDER HORN COURSE

From: _____ No._____ HQ City_____
Council Name

Return this form to: REGIONAL POWDER HORN DIRECTOR

Type of course: Multicouncil Council Weeklong Weekend

In accordance with the *Powder Horn Course Syllabus*, authorization is requested to conduct a Powder Horn course as indicated above. The course will be conducted at _____ _____(location) on (dates)_____.

All equipment and facilities will be provided to maintain the health and safety standards of the Boy Scouts of America and program standards defined in the *Powder Horn Staff Guide.*

The following name is submitted for approval as course director candidate:

_____ _____ _____
Name Daytime Phone Council

_____ _____ _____
Address City State & Zip

_____
E-Mail Address

HOST COUNCIL APPROVAL: _____ _____
Council Training Chairman Signature Date

_____ _____
Scout Executive Signature Date

Please list councils that will be involved in this course:
_____
_____
_____
_____
_____

REGIONAL APPROVAL: _____ _____
Region Powder Horn Director Date

REGIONAL NON-APPROVAL:_____ _____
Region Powder Horn Director Date

Reason for non-approval:
_____
_____
_____
_____