VENTURING·BSA

REQUEST FOR AUTHORIZATION TO CONDUCT A POWDER HORN COURSE

Southern Region

REQUEST FOR AUTHORIZATION TO CONDUCT A POWDER HORN COURSE
MUST BE APPROVED BY THE REGION 10 MONTHS PRIOR TO START OF COURSE.

Council Name: _____ No. _____

Course Site: _____

Course Date: _____

All equipment and facilities will be provided to maintain the high standards of Powder Horn.
We will use the latest manual.

Kind of Course ☐ Council Only ☐ Cluster Council ☐ Area
☐ 6 days ☐ two 3-days ☐ three 2-days

If cluster or area course, name of councils invited	

Any changes to the plan listed above will need to be resubmitted to the region for approval.

The following name is submitted for approval as course our Director candidate:

Course Director: _____ Council: _____

Address: _____

Email Address: _____ Phone: _____

Previous staff experience: (List most recent first and work back)

Attended Powder Horn Course(s)

DATE	POSITION	LOCATION

Host Council Approval: _____ Date: _____
Scout Executive Signature

Area Director Approval: _____ Date: _____
Area Director Signature

☐ **This is a change to a previously submitted request.**

Regional Use Only ☐ **Approved** ☐ **Not Approved**

_____ Date: _____
Associate Regional Director Signature

Submit Original Request to Greg Taylor, Southern Region,
P. O. Box 440728, Kennesaw, GA 30160
(770) 421-1601 Fax: (770) 499-8146