

# 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<br>(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