



**REQUEST FOR AUTHORIZATION TO CONDUCT A NATIONAL TRAINING COURSE**

Course will be held in

2016     2017

LANGUAGE \_\_\_\_\_

Course type requested

Wood Badge



NYLT



Host council \_\_\_\_\_ House council No. \_\_\_\_\_ Region \_\_\_\_\_ Area No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Host council staff adviser \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Email \_\_\_\_\_

Is this a cluster course?  Yes     No

*In accordance with all national training procedures, authorization is requested to conduct a course as indicated above. Host council agrees that staff, equipment, and facilities will meet the high standards and expectations set by the National Volunteer Development Committee along with strict adherence to the correct current materials (syllabus, Administrative Guide, Staff Guide, etc.).*

Course location \_\_\_\_\_ City/state \_\_\_\_\_ Zip code \_\_\_\_\_

Dates Weeklong \_\_\_\_\_ Weekend No.1 \_\_\_\_\_ & Weekend No.2 \_\_\_\_\_

*The following names are submitted as candidates for course director and backup course director. Council agrees that, if approved, each will attend any required training and/or Course Director Conference, if any, as required in the staff guide for the respective course.*

**Course director**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Scouting position \_\_\_\_\_

**Backup course director**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Scouting position \_\_\_\_\_

NYLT/WB Staff Experiences			
List experience only on the type of course to be directed, most recent first (except WB troop guide for WB courses)			
Course Type	Position	Month/Year	Location
**Wood Badge	TG		

NYLT/WB Staff Experiences			
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Course Type	Position	Month/Year	Location
**Wood Badge	TG		

**\*\*For 4 beads to be awarded to a NYLT Course Director, they must have served as a Wood Badge Troop Guide.**

**For Cluster Courses Only**

The following councils have agreed to provide participants and staff members:

Council Name	Council No.	Council Contact Name (For this course)	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*As Host Council, we agree to pay the media usage fee of \$200 for each Wood Badge course and \$100 for each NYLT course conducted in our Council. We understand that the National Service Center will issue an "Umbrella License" that will provide us the ability to present the movies and movie clips in the Wood Badge and NYLT syllabus. As an additional benefit, the local council will be able to present other movies, from an extensive list of movie producers, during November 1, 2015 to October 31, 2016 at their Council Service Center or camp facilities. This license does not give the local council the ability to present a movie as a fundraiser or where a ticket is purchased to attend.*

***In order to provide this service, every Wood Badge and NYLT course needs to pay their Media Usage Fee. This new Media "Umbrella License" will now cover the local council and National Service Center liability for video media usage, at the same time lowering the cost for the local council.***

**Host Council**

_____	_____	_____
Council training chairman (print or type name)	Signature	Date
_____	_____	_____
Scout executive (print or type name)	Signature	Date

**NOTE:** Host council sends original request to the area training chairman. If unknown or position is vacant, send to the area director.

**Area approval**

This course  **Is approved** or  **Is not approved**

- *If the course is approved*, supplies and materials to conduct this course may be ordered. Area will assure that the course director and backup course director are invited to and attend any required Course Director Conference.
- *If the course is not approved*, the area training chairman, along with the area director, should confer with the host council to resolve problems.

_____	_____	_____
Area training chairman or director (or regional representative) (print or type name)	Signature	Date

**For National/Area Use Only**  
**Course Number Assigned (Wood Badge only)**

\_\_\_\_\_ — \_\_\_\_\_ — **16** — \_\_\_\_\_

Region Letter/Area No.      Host Council No.

May be blank if council has only one course.

**For National/Area Use Only**  
**Course Number Assigned (Wood Badge only)**

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Region Letter/Area No.      Host Council No.

May be blank if council has only one course.