



Request for Authorization to Conduct a 21st Century Wood Badge Course



FROM: _____ No. _____ Hdqrs. City: _____ Area: _____
Council

TO: REGIONAL DIRECTOR - NORTHEAST REGION, BSA

Kinds of course: Cluster (or) Local Council Weeklong (or) 2 Weekend

In accordance with the Northeast Region Wood Badge training procedures, authorization is requested to conduct a Wood Badge course as indicated above. The course will be conducted at: _____

on (Dates) _____ Weeklong (or) _____ Weekend 1 _____ Weekend 2 _____

Equipment & facilities will meet the high standards/expectations of Wood Badge. We will use the 21st Century syllabus. The following name is submitted for approval as course Scoutmaster candidate:

_____	_____	_____
Name	Home Phone	Council
_____	_____	_____
Address	City	State Zip Code

Previous 21st Century Wood Badge Staff Experience

Course No.	Assignment	Year	Location

Course	Assignment	Year	Location
Program Fundamentals			
Training Edge Course			
Other			

If Cluster Course: The following councils have been contacted and agreed to provide participants and staff members:

_____ No. _____	_____ No. _____
Council	Council
_____ No. _____	_____ No. _____
Council	Council

Host Council Approval: (Signed) _____ Date: _____
Host Council Training Chairman

(Signed) _____ Date: _____
Host Council Scout Executive

Area Approval: We have reviewed this request and recommend the course: ____ Be Approved (or) ____ Not Approved. (If not approved, the Area Director should contact the Host Council requesting corrections, status or leadership changes.)

(Signed) _____ Date: _____
Wood Badge Coordinator (or)

(Signed) _____ Date: _____
Area Director

ACTION BY NORTHEAST REGION SERVICE CENTER

This course ____ is (or) ____ (is not*) approved. (Guides & CD's will be provided at the Course Director's Conference)

(Signed) _____ Date: _____
Associate Regional Director/Program

(Signed) _____ Date: _____
Regional Director

*See Attached Letter of Explanation

Region Assigned Course No. _____

**Submit Original Request to the Northeast Region, PO Box 268, Jamesburg, NJ 08831-0268
(609) 655-6317 Fax: (609) 655-3699
Submit by June 30, 2009 for July 1, 2010 to June 30, 2011 Courses**