

# Council Training Academy Course Proposal

1. Name of course: \_\_\_\_\_

2. Target attendees (indicate all that apply):

- Cub Scout Adults
- Webelos/Arrow of Light Adults
- Scouts BSA Adults
- Venturing Adults
- Scouts BSA Members
- Venturers

3. Course description:

---

---

---

---

---

4. Would you be an instructor or who might you recommended as the instructor? \_\_\_\_\_

5. Would attendees need to bring any special equipment/supplies or have prior training? Please specify.

---

---

---

6. Are there any additional fees/costs to offer the course?

---

---

7. Time needed for this course: \_\_\_\_\_ 1 hour \_\_\_\_\_ 2 hours \_\_\_\_\_ Other (please enter time needed)

8. If accepted, will this course require more than 8-10 minutes set-up time? Yes / No

9. Number of participants: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

10. Is any special equipment required by the instructor? If so, please specify: \_\_\_\_\_

11. Setting: Classroom \_\_\_\_\_ Gym \_\_\_\_\_ Outdoors \_\_\_\_\_

Submitted by:

Name: \_\_\_\_\_

Council: \_\_\_\_\_ District: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email to: Sam Meyer [sam.meyer314@gmail.com](mailto:sam.meyer314@gmail.com) by August 31, 2019