

Heritage District Training



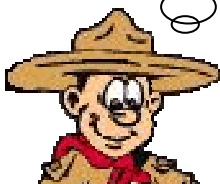
Date: January 31, 2015

Time:
8:00 am to 5:00 pm

*Training will be held at
Gloria Dei Lutheran
church at the intersec-
tion of Fox Hill Rd and
Harris Creek Rd and
Elizabeth Lakes Dr. in
Hampton.*

Contact person:
Butch Cooper (Coordinator)
@ 757-851-6065

Successful programs
start with training!
**Don't Delay, Register To-
day! Registration cut-off
date is 1/24/15**



Heritage District Training

For more information about the
district training programs or to
become a part of the training team
use the contact info below.

District Training Chairman

Butch Cooper
Home Phone: 757-851-6065
Prior to 10:00 PM
E-mail: fsucalum@cox.net

Providing you with the keys to unlock a successful program!!

Scoutmaster / Assistant Scoutmaster Specific

Are you a new leader to scouting or a new Scoutmaster or Assistant Scoutmaster? Then this is the place to start you on the training trail. The trail to becoming a 100% trained leader, so you will be able to provide or help to provide the best possible program that BSA promises to each young man that joins scouting. Please attend even if you have been a leader for a while and just haven't been trained!

Highlights / What to expect

- Network with other scouters, share experiences & ideas.
- Learn your specific role in the troop with **SM / ASM Specific**. Some topics included will be:
 - The Role of the Scoutmaster / Assistant Scoutmaster
 - Troop Organization
 - How to run effective Troop Meetings
 - The Patrol Method
 - The Outdoor Program
 - Advancement
 - Troop Program Planning
 - Troop Finances
 - Troop Membership

Snacks & Lunch provided
Bring BS Handbook & SM Handbook



Directions to Training:

Gloria Dei Church 250 Fox Hill Rd—Traveling east on Fox Hill Rd, the church is on the right side of the road. Church is on the right at the second stoplight after the fire station.



Fill out bottom portion and turn into Scout Office along with fee, Keep the top portion for your records.

Heritage District - SM / ASM Specific - January 31, 2015

Name: _____ Phone: _____

BSA-ID: _____ OR ADDRESS: _____

Unit # & Type: _____
District _____

Please **check one** or the other session **only!**

If registered **BY** 1/24/15

☐ SM / ASM Specific \$10.00 \$

Registered Position: _____

LATE! If registered AFTER 1/24/15

☐ SM / ASM Specific \$20.00 \$

Email: _____

Total \$ \$

Event Code: = 192 Dietary Concerns _____