|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submitted by:** |  | For Committee Use Only | |  |
| **Date Submtd:** |  | **Approved: Yes**  **No** | **by:** | |
|  |  | **Activity Title:** | |  |
|  |  | **A.T. ID:** | **Max A.T. Hours** | |

**Guadalupe Chapter**

# Advanced Training Activity (AT) Proposal Form

* Please complete this form and attach supporting documents, fliers and/or maps.
* Use the TAB key to navigate the form.
* Submit form to the Advanced Training Committee for approval by email or paper copy.
* Hours will only be given for time spent on **approved** activities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization or Individual that is hosting the proposed Advanced Training Activity** | | |  |
|  | | | |
| **Activity Description:** | | | |  | | |
|  | | | |
| **How this A.T. will be put to use as a Volunteer consistent with the Mission of Texas Master Naturalists?** | |  | |
|  | | | |
| **Location of Activity(Name, address or directions):** | | | |  | | |
|  | | | |
| **Date(s) with Beginning and Ending Time(s) of Activity:** | | | | | | |  | | |
|  | | | |
| **Cost:** |  | | |
|  | | | |
| **Contact information for registering:** | | | | | |  | | |
|  | | | |
| **Presenter Name and background information:** | | | | |  | | |
|  | | | |
| **Are there any limiting factors such as seating, RSVP, prerequisites:** | | |  |
|  | | | |

Additional information may be added (may be copied and pasted):