


Submitted by: _____	For Committee Use Only	
Date: _____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	By: _____
T E X A S  Master Naturalist	Activity Title: _____	
	AT ID: _____	Max AT Hours: _____

**Guadalupe Chapter
Advanced Training (AT) Proposal Form**

- Please complete this form and attach supporting documents, fliers and/or maps.
- Click in the box to type your response
- Submit form to the Advanced Training Committee for approval by email or paper copy.
- Hours will only be earned for time spent on **approved** activities.

Name of organization or individual hosting the proposed AT activity:

Description of activity:

Describe how this AT is consistent with the mission of the Texas Master Naturalist Program:

Location of Activity (Name and address or directions):

Date(s) with start and end time(s) of activity:

Cost:

Contact information to register:

Presenter name and background information:

Limiting factors such as seating, RSVP, prerequisites:

Attach any additional information