

**GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL
Course Set Up Form**

Course ID	Part	Start Date	Start Time	Stop Date	Stop Time	Specific Location – Including Address	Remarks	
	1 ST							
	2 ND							
	3 RD							
	4 TH							
Computer Code		Service Area: _____ (A, B, C or D)				Trainers		
-----		Training Specialist: _____				Lead = _____ Max Capacity		
-----		ATM's Association: _____				Co-Trainer = _____ Wheelchair Access? Yes ___ No ___		
-----		ATM's Signature (ATM's USE ONLY)				Lead Trainer: Do you want your name and telephone number/email address included in the confirmation letter ? Yes ___ No ___		
-----		-----				Co-Trainer = _____ Date received in Council Office		

Notes:

1. Send Course Set Up Form to your ATM for publication.
2. Complete details must be provided for all parts for publication – including specific locations. For 216 a generic “Appalachian Trail” type location may be used for the overnight part.
3. If you have not used a location before, attach directions
4. If this is an enrichment course, include a brief description and “bring with” items for participants in the **Remarks** section.
5. Attach GSCNC Campsite Application Form if applicable.