

## SEABADGE NATIONAL COURSE SB-16-TX-2013 APPLICATION

### PART 1 – COUNCIL NOMINATION (to be completed by Council Scout Executive or Council Sea Scout Commodore)

We are pleased to nominate \_\_\_\_\_ to attend Seabadge, advanced training for Sea Scout leaders.  
We certify that this leader meets all of the requirements listed on the Seabadge Fact Sheet.

Signed \_\_\_\_\_ Council \_\_\_\_\_ No. \_\_\_\_\_

### PART 2 - APPLICATION (To be completed by Nominee)

Name (First-Initial-Last): \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Council: \_\_\_\_\_ District: \_\_\_\_\_ BSA Member ID # \_\_\_\_\_

Current Registered Position: \_\_\_\_\_ Ship # \_\_\_\_\_ Ship Name \_\_\_\_\_

#### Required Pre-Requisite Training Courses - List date completed:

\_\_\_\_\_ Youth Protection Training  
\_\_\_\_\_ This Is Scouting (or the earlier New Leader Essentials)  
\_\_\_\_\_ Sea Scout Adult Leader Basic Training (or the earlier Sea Scout Leader Specific Training)

Please list Cub Scout, Boy Scout, Sea Scouts, and Venturing adult experience. Please include dates, position title, and whether it was a national, regional, area, council, district and/or unit-level position.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Any special needs (dietary or otherwise)? \_\_\_\_\_

I have read the Seabadge Course Fact Sheet. If selected for participation in Seabadge Course SB-16-TX-2013, I pledge to attend for the entire course (Friday afternoon, Saturday, and Sunday) and to carefully prepare my advance assignments. I also pledge to use the knowledge I learn in Seabadge to help build Sea Scouts in my ship, district, council and region. I will appear in a National dress white or blue Sea Scout Adult Leader uniform exactly as set out in the current edition of the *Sea Scout Manual* or the appropriate uniform for my primary position in Scouting. I certify that by the time of the course I will have completed at least one year of service as a Scout leader, and that I will have completed the required prerequisite training before arrival at the course.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
Applicant

**Cost for the Course is \$175.00.** Please enclose a minimum \$75.00 deposit with this application.

Payment Method (circle one): Cash ♦ Check ♦ Amex ♦ MC ♦ Visa ♦ Disc

Card Holder Name \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

#### Mail to application and payments to:

Sam Houston Area Council  
Seabadge Registration  
P.O. Box 924528  
Houston, Texas 77292-4528

Activity Code: 1-6801-950-20

Amount Enclosed: \_\_\_\_\_

All fees are due 30 days prior to the start of the course.

See [www.samhoustonbsa.org](http://www.samhoustonbsa.org) for Council Refund Policy.