



BSA HISTORIC TRAILS RENEWAL APPLICATION

Use this report to renew a currently approved historic trail. Renewal is required every five years. National Council Outdoor Programs/Properties Department approval is based on compliance with historic trail specifications and content of information subsequently provided below.

Historic trail name: _____ Original date approved: _____

Address or location of trail: _____

Council name: _____

Council headquarters city/state: _____ Council number: _____

Region: _____ Area: _____

Is the trail suitable for the following groups?

Approved for use:		Actually used:		Usage (estimated quantity):	
				Units	Youth
Cub Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cub Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Packs	_____
Boy Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boy Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Troops	_____
Varsity Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Varsity Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Teams	_____
Venturers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Venturers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crews	_____
Sea Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sea Scouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ships	_____
Family Campers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Campers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Groups	_____

Please provide answers to the following questions and requests (use back of form if necessary for additional discussions):

1. Have the scope, content, and/or benefits described in your original approval changed? If so, discuss: _____
2. Do you wish to continue as the trail sponsor? _____ Do you have a co-sponsor of the trail? _____
If so, provide the name and contact information. _____
3. Have there been any accidents, liabilities, issues, health concerns, or other issues identified since the original approval or last re-approval date(s)? Discuss: _____
4. What do you consider the major benefits of the trail? _____
5. Do you incur financial responsibilities in the operation, upkeep, use, etc., in your management of the trail? If so, please discuss, and include details: _____
6. Have Good Turn projects been completed by the council and/or Scouts who use the trail? If so, please discuss, and include approximate service hours provided: _____
7. Has any public recognition been received by the council for operation of the trail? If so, please discuss, and include details: _____
8. Is there a trail patch or medal available? Yes No
Cost: _____ How is it obtained? _____
9. If you utilize a trail registration form or trail report form, please attach.
10. If you utilize a trail information pamphlet or document that includes trail requirements, please attach.
11. What is the contact information for the person who oversees this trail for the council? Add name, address, phone numbers, and email: _____

Local council approval _____ Date: _____
(Scout executive signature)

National Council Outdoor Programs/Properties Department approval _____ Date: _____

(Good for five years from the date of National Council approval.)