



CUB SCOUT PREVIEW ADVENTURE IDEA SUBMISSION

Proposed Preview Adventure Name _____

Suggested Rank(s) _____

Overview/General Concept _____

Will there be any program supplies or Materials needed to complete requirements? YES NO

If so, then what supplies or materials will be needed?

How does the proposed Adventure fit into BSA Aims and/or Cub Scout Methods?

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ E-Mail: _____

Your Council

Council Name _____

Scout Executive _____

Non-Disclosure

Discussions and emails may contain propriety information or information that is not ready to be shared with volunteers. Information may not be shared without permission from the National Director of Cub Scouts or the Chair of the National Cub Scouting Committee.

Signature _____

Date _____

Please note:

- All submissions will be reviewed by the National Cub Scout Subcommittee.
- Not all submissions will be selected for the Cub Scout Preview Adventure program.
- All submitted ideas become the property of the Boy Scouts of America.
- The submitter will not be notified if the idea is selected as a Preview Adventure.

Please list suggested requirements. Preview Adventures may be for more than one rank, grade level, complete a separate sheet for each rank that you are proposing for this Preview Adventure. Requirements should be able to be completed at a maximum within two, one-hour den meetings, and one den outing.

Preview Adventure Name: _____

Recommended Requirements for (name of rank): _____

Requirement # ____

Requirement # ____

Requirement # ____

Requirement # ____

Requirement # ____

Requirement # ____

Requirement # ____

Requirement # ____

Send your submission to previewadventures@scouting.org