



## AREA GUIDELINES

**Choose only one option below:**

- Option 1: Area \_\_\_\_\_ hereby acknowledges they are operating under the Standard Regional Guidelines with approval below. *(do not attach a copy)*
- Option 2: Area \_\_\_\_\_ Guidelines are attached and approved below. *(attach a copy of the area guidelines)*
- Option 3: Area \_\_\_\_\_ hereby acknowledges they are operating under their own Area Guidelines dated \_\_\_\_\_; filed with the NSTC and there are no changes for this year, approved below.

APPROVED BY:

Area \_\_\_\_\_ Director \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY:

Section \_\_\_\_\_ Director \_\_\_\_\_ Date \_\_\_\_\_

*File copy confirmed with NSTC.*

Date Received by the NSTC: \_\_\_\_\_