



REGIONAL GUIDELINES

Choose only one option below:

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

APPROVED BY: Regional Commissioner _____ Date _____

APPROVED BY:

Area _____ Director _____ Date _____

APPROVED BY:

Section _____ Director _____ Date _____

File copy confirmed with NSTC.

Date Received by the NSTC: _____