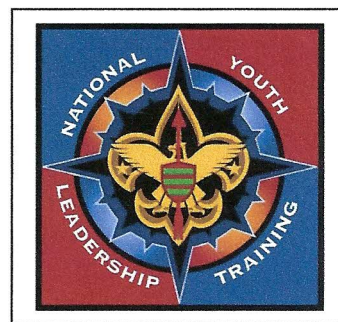


# Participant Application for National Youth Leadership Training February 24-26 & March 10-12, 2017 at Camp Robert Drake - Oakwood, Illinois



Send this application with the \$180 fee  
Before January 24, 2017 (\$200 after Jan. 24<sup>th</sup>)  
Payable to NYLT, Prairielands Council  
3301 Farber Drive, Box 6267, Champaign, IL 61826  
Phone: 217/531-3010 or 800/464-7291 [glenn.overby@scouting.org](mailto:glenn.overby@scouting.org)

## PARTICIPANT INFORMATION (Please Print Clearly)

Scout's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Nickname: \_\_\_\_\_ Birth Date: (be 14 or in 8<sup>th</sup> grade by course) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Troop# \_\_\_\_\_ or Crew# \_\_\_\_\_ District: \_\_\_\_\_ Council: \_\_\_\_\_  
 Current Leadership Position: \_\_\_\_\_ Gender: Male / Female  
 Current Rank: \_\_\_\_\_ Adult T-shirt size: XXL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S

## CERTIFICATION & APPROVAL SIGNED BY SCOUTMASTER OR CREW ADVISOR

Leader: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Troop# \_\_\_\_\_ or Crew# \_\_\_\_\_ District: \_\_\_\_\_ Council: \_\_\_\_\_

"I recommend the acceptance of this Scout as a representative of our Unit in the NYLT course. I certify that they meet the age and rank requirements. I further certify that they are serving as, have served as, or have the potential to be our Troop SPL/Crew President. I will do all that I can to help them accomplish their personal leadership goals and to apply leadership skills in our Unit."

\_\_\_\_\_  
**Signature of Scoutmaster or Crew Advisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
 Please contact me to discuss this Scout in more detail.

## PARENTAL/GUARDIAN AUTHORIZATION

My child (name) \_\_\_\_\_ has my permission to participate in the Prairielands Council National Youth Leadership Training. I have read, understand, and agree to the program requirements. I understand that during this program my child will be expected to follow the Scout Oath and Law, participate in the entire program, follow program rules, and that serious violations will result in dismissal from the program. I understand that my child must provide a current and complete BSA Annual Health and Medical Record (Parts A, B, and C) to participate. My child will need the following accommodations for Medical, Physical, Dietary or Religious reasons:

\_\_\_\_\_  
 \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_ Night-time Phone #: \_\_\_\_\_  
 Parent's E-mail: \_\_\_\_\_ Date: \_\_\_\_\_