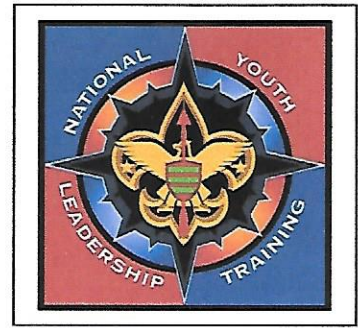


**Participant Application for
National Youth Leadership Training
February 28- March 1 & March 13-15, 2020
At Camp Robert Drake - Oakwood, Illinois**



Registration fee will be \$160 if paid by Jan. 4, 2020,
\$190 between Jan. 4 and Jan. 28, (\$220 after Jan. 28).
Payable to NYLT, Prairielands Council
3301 Farber Drive, Box 6267, Champaign, IL 61826
Phone: 217/531-3010 or 800/464-7291

PARTICIPANT INFORMATION (Please Print Clearly)

Scout's First Name: _____ Middle Initial: ____ Last Name: _____
 Nickname: _____ Birth Date: (be 14 or in 8th grade by course) _____
 Address: _____ City: _____ State: ____ Zip: _____
 Telephone: _____ E-mail address: _____
 Troop# _____ or Crew# _____ or Ship# _____ 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 OR SKIPPER

Leader: _____ E-mail _____ Phone: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Troop# _____ or Crew# _____ or Ship# _____ 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/Boatswain. 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/Crew Advisor/Skipper

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: _____