

Hawkeye Area Council NYLT - SUPPLEMENTAL INFORMATION

ONLINE IS THE ONLY WAY TO REGISTER SCOUTS FOR NYLT.

This form is to collect additional information AFTER a Scout has been registered via the online system.



Scout Information

Scout name: _____

What name would you like on your name tag? _____

Date of Birth: _____ Male Female

Scout Council: _____ Scout District: _____

Scout Unit Type: Troop Crew Ship Post Unit Number: _____

Rank or highest award: _____ Position (i.e. Patrol Leader): _____

T-shirt Size (adult XS to XXL): _____

Contact Information

Home Address: _____

City: _____ State: _____ Zip: _____

Phone number to reach the Scout: _____

If you have a need that requires special attention due to medical or religious reasons (e.g. dietary restrictions or a medical condition), please state the type of need and give a name/phone number so we can contact you for more information:

Type of need: _____

Contact name and number: _____

Participant Questionnaire (this section is to be completed by the Scout)

NYLT runs Sunday at noon (12 pm) through Friday evening. A commitment to attend the entire course is required. Do you commit to attending the entire course?

Y N

Do you currently hold a leadership position in your unit, or have the desire and the potential to serve in a leadership role in your unit?

Y N

Have you completed "Introduction to Leadership Skills" with your home unit?

Y N

Please tell us why you want to participate in NYLT and what you hope to get out of it.

Participant Pledge

On my honor as a Scout, I promise that I will do my best to live by the Scout Oath and Scout Law at all times during National Youth Leadership Training. I will represent my home unit with honor and will use my new leadership skills for the good of my unit and my fellow Scouts at all levels.

Applicant's Signature

Date

Parent/Guardian Permission and Contact Information

I state that I am primary guardian for the above-named Scout and he/she has my permission to participate in the Hawkeye Area Council NYLT course. I state that he/she meets all the requirements of the course (as listed on the promotional materials), prior to the start of the course.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

Scoutmaster/Crew Advisor Statement

I state that this Scout holds the unit leadership position indicated above or, if no current position is indicated, that the Scout is capable of holding a significant leadership position in this unit. I state that this Scout is an exemplary member of the BSA. I understand that NYLT is NOT for Scouts with discipline problems or who do not have a desire to attend.

Unit Leader Name: _____

Address: _____
(unit leader will receive part of the Scout's recognition items in the mail after the course)

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Signature: _____ Date: _____

UNIT LEADER - please submit this form by email to Kristen Wolf @ krispy0630@gmail.com.

Or in person at: Hawkeye Area Council
660 32nd Avenue SW
Cedar Rapids, IA 52404