

## 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](mailto:krispy0630@gmail.com).

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