

November 4<sup>th</sup>-6<sup>th</sup>, 2011 & November 11<sup>th</sup>-13<sup>th</sup>, 2011

NATIONAL YOUTH LEADERSHIP TRAINING REGISTRATION FORM

Please register the following Scout in the National Youth Leadership Training to be held at Yards Creek Scout Reservation. It is understood that the Scout listed is currently registered and serving in a Troop leadership position or will serve in the future; 13 years-old as of January 1, 2011; and a First Class Scout.

Attendance is limited and will be filled on a first-come, first-serve basis.

**For Scout:** Please PRINT all information. The only exception is your signature.

Scout's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Troop \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Position in Troop \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

District: \_\_\_ PAHAQUARRA \_\_\_ JOYCE KILMER \_\_\_ MERCER AREA \_\_\_ MATTAMEECHEN

On my honor as a Scout, I promise I will faithfully live according to the Scout Oath and Law during the National Youth Leadership Training. I will represent my Troop and do all I can to pass my new knowledge and skills along to my fellow Scouts.

Scout's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Parents:** Please PRINT all information.

My son has my permission to attend National Youth Leadership Training at Yards Creek Scout Reservation. I have reviewed the Annual Health & Medical Record for youth No.34605 enclosed. **It has been filled out, signed and returned with this registration form.**

Please list any special dietary needs here and on the medical form \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Kindly print your name if different from the Scouts: \_\_\_\_\_

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**For Scoutmasters:** Please PRINT all information

SM Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Evening Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Scoutmaster's Signature \_\_\_\_\_ Date \_\_\_\_\_

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( ) Enclosed is a check for the full NYLT amount of \$290.00 before September 30, 2011

( ) Enclosed is a check for the full NYLT amount of \$310.00 after September 30, 2011

REFUND POLICY: The first \$50.00 of any fee paid is non-refundable. Full payments are transferable to other Scouts (with a note from the parent/guardians transferring the fee) until 2 weeks before the course. The balance of the fee is refundable for the following reasons: illness requiring medical attention, summer school, or family emergency. Refund requests must be in writing, include proof (i.e., a letter from a school official or doctor), and be received at the Council Office no later than 2 weeks prior to the course.

Mail Application: NYLT  
Central New Jersey Council, BSA  
2245 Route 130, Suite 106  
Dayton, NJ 08810-2420