

## Unit Leader Approval

Printed Name of Scout meets the minimum requirements to attend NYLT and has the necessary maturity to attend this course. I approve of his/her participation. I will inform the NYLT staff of any and all matters pertaining to this Scout.

**Scouts who are related to the Unit Leader, will need to provide an additional Unit Leaders Approval on a separate form.**

Unit Leader's, please provide the following:

Unit Type and Number: \_\_\_\_\_

Unit Leader's Name (Printed): \_\_\_\_\_

Unit Leader's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Unit Leader's Phone: \_\_\_\_\_

Unit Leader's Email address: \_\_\_\_\_

\*\*\*Please email this form to the course director at [jtruby@swilp.com](mailto:jtruby@swilp.com), no later than **May 15, 2025**\*\*\*