Scoutmaster/Advisor NYLT Application Certification

Mandatory: Introduction to Leadership Skills for Troops (ILST) completed:

___Yes Date: _____

___ No

I approve of (scout) _____ to apply for the Transatlantic Council's 2019 NYLT Course

Unit Leader: _____ _____

(signature) (printed)

Address: _____

_____

_____

Phone H: _____ C_____

Email Address: _____

The Scoutmaster / Advisor must submit this application to:
tac.nylt.course.director@gmail.com