CHIPPEWA VALLEY COUNCIL

National Youth Leadership Training
Boy Scouts of America

L.E. PHILLIPS SCOUT RESERVATION – Winter Camp
NYLT REGISTRATION June 11-17, 2023 (Scouts BSA)

PLEASE PRINT

NAME: _____ MY FRIENDS CALL ME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

HOME PHONE NUMBER: _____ EMERGENCY PHONE NUMBER: _____

DATE OF BIRTH: _____ Age at time of Course: _____

TROOP NO: _____ DISTRICT NAME: _____ YEARS IN SCOUTING: _____

CURRENT LEADERSHIP POSITION: _____ CURRENT RANK: _____

On my honor as a Scout, I promise that I will live faithfully according to the Scout Oath and Scout Law during the National Youth Leader Training Conference and thereafter. I will represent my Troop with honor and do all I can to pass along my new knowledge and skills to my fellow Scouts. I certify I am at least a First Class Scout, 13 years of age, have taken ILST and a Troop Junior Leader, Senior Patrol Leader, Assistant Senior Patrol Leader, or am capable of filling these positions.

SCOUT'S SIGNATURE: _____ DATE: _____

Scoutmaster's Certification and Approval

I certify that the above named Scout is at least a First Class Scout, 13 years of age, has taken ILST and a Troop Junior Leader at the time of Course. (Per the BSA National requirements **There are no exceptions to the age and rank guidelines**).

SIGNATURE: _____ SCOUTMASTER, TROOP _____

Scoutmaster Printed Name _____

Emergency Phone for the Scout Master _____

Fees: **$50.00** Deposit required to reserve space. Total cost for NYLT Course of **$310.00** due in CVC Scout Office by **June 6, 2022 along with completed application and medical information forms.**
Fees will be refundable prior to June 6, 2023. After this date the Course Director and the Professional Staff Advisor will process refund requests on a case-by-case basis. Refund requests must be submitted in writing.

Please Complete Both Pages of form!!!

Two activity T-Shirts are included in the Course cost, if you desire additional T-shirts please include $12.00 per additional shirt, please specify the number of additional shirts and include fee with application.

Additional Shirts? (Yes / No) Quantity _____

Size? Adult: ☐ S ☐ M ☐ L ☐ XL
(Please mark a size even if additional shirts are not ordered)

Special Requirements
Please fill out the Medication/Allergy Form with any special food requirements, allergies and/or physical limitations that staff should be aware of so we are able to accommodate these needs for the week you are attending Course. Include daytime contact information in case we have questions or concerns about these requirements. This information is in addition to the required medical form information.

KNOWLEDGE OF OUTDOOR SKILLS

PLEASE CHECK APPROPRIATE COLUMN				
SCOUT SKILL	**MERIT BADGE EARNED**	**NEED HELP**	**KNOW SOME**	**HAVE TAUGHT**
MAP READING				
COMPASS				
ORIENTEERING				
HIKE PROCEDURES				
HIKING				
CAMPING				
BACKPACKING				
FIRST AID				
SAFE SWIM DEFENSE				
KNIFE AND AXE				
FIRE BUILDING				
COOKING				
KNOTS				
LASHINGS				
PIONEERING				
NATURE				
ENVIRONMENT				
PUBLIC SPEAKING				
ASTRONOMY				