

**2017 NATIONAL YOUTH LEADERSHIP TRAINING APPLICATION**

*at Latimer Reservation*

**May 28 - June 2 or May 29 - June 3**

*\*Note there are two courses being offered this year\**

Please Note in order to attend this training you must be:

- ✓ A registered member of BSA in either a Boy Scout Troop or a Venturing Crew
- ✓ As a Boy Scout hold a rank of First Class or higher
- ✓ As a Venturer must have completed the Introduction to Venturing Leadership Skills Course (ILSC)
- ✓ All Participants must be at least age 13 on or before June 1, 2017 and completed 8<sup>th</sup> grade.

Preferred Course:     May 28-June 2     May 29-June 3     Either Course

(Notification of course assigned will be sent two-weeks prior)

*Each course is limited to 48 total participants. Priorities and restrictions may be made to maintain demographic balances*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_

Unit Type: Troop / Crew    Unit Number: \_\_\_\_\_    District: \_\_\_\_\_

Current Boy Scout Rank: \_\_\_\_\_    Date of completion for Venturer ILSC: \_\_\_\_\_

T-Shirt Size (Adult sizes):     Small     Medium     Large     X-Large     XX-Large

Leadership Positions held in Troop/Crew: \_\_\_\_\_

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*I recognize that by participating in 2017 National Youth Leadership Training (NYLT), I will incur a leadership obligation. I will endeavor to "DO MY BEST" to discharge this responsibility by giving effective leadership to the Boy Scouts of America or any other activities in which I may become involved. I also understand that this course includes outdoor skills and can be physically demanding. A BSA Annual Health and Medical Record (Parts A-C) will be required for each participant.*

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby approve this application and my youth's participation in National Youth Leadership Training.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CREW ADVISOR / SCOUTMASTER RECOMMENDATION**

*I am happy to endorse this application and recommend this Youth for participation in 2017 National Youth Leadership Training. I certify that he/she is fully qualified to attend and participate in this leadership training experience.*

Unit Leader's Full Name (Please Print): \_\_\_\_\_

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

*Refunds: All refund requests **MUST** be submitted in writing to the Council Office **No later than 10 days BEFORE** your scheduled arrival at camp. **NO** refunds will be considered after the 10-day mark. Any refund given will be less a \$30.00 cancellation fee. Exceptions will only be considered for medical reasons with a signed doctor's note.*

**Enclosed Now:        \$100.00 Deposit                \$225.00 Total    Full Amount Paid by May 15th (code 421)**

**Return this completed application along with the deposit to:**

**MTCBSA, P.O. Box 150409 Nashville, TN 37215**