

Winter 2019
David Tindall Course Scoutmaster
smnylt191@gmail.com
(256)783-2980



Summer 2019
Cyndi LaFond Course Scoutmaster
NYLT2019@yahoo.com
(205)296-8987

Daniel Puckett SPL

Michael Byrd SPL

2019 NYLT Participant Application

Please check the Session

___ Winter, Jan 19-21 & Feb 16-18 at Camp Comer ___ Summer, July 7-13 Camp Sequoyah

Full Name _____ Nickname _____

Address _____ City _____ State _____ Zip _____

Parent Phone () _____ Youth Phone () _____ Age _____

Rank _____ Unit Position _____ Years in Scouting _____

Unit: Troop ___ Crew ___ Ship ___ # _____ District (or Council if outside of GAC) _____

Youth E-mail _____ May we E-mail you information instead

Parent E-mail _____ of regular mail Yes ___ No ___

Adult Shirt Size (circle size) S M L XL XXL Male ___ Female ___ Grade in school _____

Special Dietary Restrictions _____

Explain briefly why you want to attend NYLT and what you expect to gain. _____

On my honor as a Scout, I will faithfully live and act by the Scout Oath and Law while I attend NYLT. I further promise to represent my Unit with honor and promise to pass along my new skills and knowledge to the members of my Unit when I return from NYLT. I have provided my information to the best of my ability. I will follow the NYLT Uniform Policy and bring my personal equipment for the NYLT course I attend. I understand this is a 6 day program and must complete all sessions to be considered NYLT trained. I understand I can be sent home if I do not follow these policies.

Scout signature _____ Date _____

Scoutmaster/ Advisor/ Skipper

Name _____ Phone () _____

E- Mail _____

I affirm that the Scout I am nomination to attend NYLT will be at least 13 years old by the start of the course and has the maturity to benefit from this training course. This Scout is currently serving in a leadership position or expected to be doing so shortly. He/she is proficient in camping and outdoor cooking skills, if a Boy Scout is the rank of First Class or above. He/she will have completed ILST or ILSC before the course begins. I have read over the Scout's application and find the information to be accurate and complete.

Unit Leader Signature _____ Date _____

Birmingham Office
516 Liberty Parkway
Birmingham, AL 35242
(205) 970- 0251
Acc # 1-6801-681-20
POC: Angie Champion



Record of payment (Total Cost \$250)
Deposit (\$50 min.) \$ _____
Final Payment \$ _____
Total Payment \$ _____

Huntsville Office
2211 Drake Ave
Huntsville, AL 35805
(256) 883-7071
Acc # 1-6801-681-20
POC: Carol Stanker