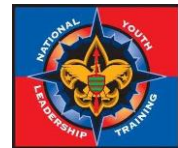




Monmouth Council, BSA NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE 2013



COURSE: Friday June 28, 08:00(8_a)–Thursday July 04, 12:00(12_p), 2013, Quail Hill Scout Reservation
Kickoff Meeting: Thursday, January 31, 2013 19:00–21:00(7_p–9_p) MCBSA Service Center, Morganville.
COURSE ORIENTATION: Tuesday May 14, 2013, 19:00–21:00(7_p–9_p), Lawrence Lodge, Quail Hill SR
REGISTRATION DEADLINES: May 17, 2013 - FINAL: No forms accepted after June 15, 2013

Youth's Name _____ M F

Address: _____

_____ *Street* _____ *Town* _____ *State* _____ *Zip*

Preferred phone: _____ eMail: _____ School Grade: _____

Council/District: _____ Birth Date: _____ Age: _____

Troop Crew: _____ Rank _____ Position: _____ Awards: _____, _____, _____

Unit # 1st Class, Life, Star, Eagle Current leadership position

OA member? Yes No | OA honor? _____ Days & Nights of Camping: _____

Adult T-Shirt Size: S M L XL XXL you will receive 2 shirts with your paid registration.

1. *Youth's Signature: _____ Date: _____

I understand photographs of course participants will be taken for use in promotional materials including web sites and brochures. Photographs will NOT be identified with a person's name. My signature grant's permission to use my (my child's) image.

2. *Parent's Signature: _____ Date: _____

Scoutmasters & Advisors: Your Personal recommendation is the most important criteria for registration!
 By signing this form you are recommending this Scout or Venturer has the maturity and readiness to undertake this course.

All youth must be registered and 13 y/o by 12/31/2012. Scouts must be at least **First Class** and have at least one **long-term (week long) camp** experience. Venturers must have completed either the **crew officer training** or **Venturing Leadership Skills Course** (Camping experience is recommended).

What do you hope this Youth will gain from attending the National Youth Leadership Training Conference?

Scoutmaster/Advisor's Name: _____

Address: _____

_____ *Street* _____ *Town* _____ *Zip*

Telephone: _____ eMail: _____

I have reviewed this youth's application and certify that the information is complete and accurate. I recommend this youth for participation in NYLT and understand that no requirements will be waived.

3. *Scoutmaster/Advisor Signature: _____ Date: _____

Mail this completed form with all signatures, a copy of current medical forms plus course fee to:

Monmouth Council BSA, 705 Ginesi Drive Morganville, NJ 07751

FEE: \$255 per youth attending . After May 17 deadline: \$305. (Kosher: add \$50)

***ALL SIGNATURES ARE REQUIRED**





Monmouth Council, BSA NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE 2013



Youth's Name: _____

Course: June 28 – July 04, 2013

I attended Patrol Leadership Skills on: (date) _____ I attended ILSC on (date) _____

I attended Introduction to Troop Leadership Skills (ILST) in my troop on (enter date) _____

APPLICANT'S STATEMENT: In the space below tell why you want to participate in the National Youth Leader Training Conference and what you expect to gain from the course.

APPLICANT'S KNOWLEDGE OF OUTDOOR SKILLS: Place a check mark opposite the skill in the column that best represents your outdoor skills ability. Do not overrate or underrate yourself. Please be as honest as possible.

	Need Help	Have Knowledge	Can Teach
Map Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Swim Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woods Tools (knife, ax, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knots and Lashings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pioneering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL CONSIDERATIONS: Place note any special religious, activity or dietary restrictions:
