



**January 1, 2010 – June 30, 2011  
COUNCIL NATIONAL YOUTH LEADER  
TRAINING CONFERENCE**



**Council Name:** \_\_\_\_\_ **Cncl #** \_\_\_\_\_ **Date of Course:** \_\_\_\_\_

**NYLT COURSE SCOUTMASTER:**

**NYLT YOUTH SENIOR PATROL LEADER**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s):

Phone(s):

H: ( \_\_\_\_\_ ) \_\_\_\_\_

H: ( \_\_\_\_\_ ) \_\_\_\_\_

B: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**NYLT ASSISTANT SCOUTMASTER:**

**NYLT STAFF ADVISER:**

Assigned Position on Course: \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s):

Phone(s):

H: ( \_\_\_\_\_ ) \_\_\_\_\_

H: ( \_\_\_\_\_ ) \_\_\_\_\_

B: ( \_\_\_\_\_ ) \_\_\_\_\_

B: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Mail Program Office, Northeast Region, BSA, PO Box 268, Jamesburg, NJ 0883**

**Fax: (609) 655-3699**

**By August 1, 2010**

**Use additional copies if necessary**