

2019 NYLT SUPPLEMENTAL INFORMATION FORM SEND OR DROP OFF FORM TO:



Tidewater Council, BSA. 1032 Heatherwood Dr., Virginia Beach, VA, 23455

OR Email to: Course Director - NYLT6958@gmail.com

Please provide all information requested. It is preferred that all information be <u>TYPED.</u>

Scout's First Name:	Last Name:			MI:
Address:	City:		State:	Zip:
Home Phone:	Scout Cell #:	Scout	Email:	
T-shirt Size:	How would you like you name to appear on your r	name tag:		
Favorite band:	Favorite song (from favo	orite band):		
Special Dietary Needs	s/Food Allergies:			
represent my unit with I brotherhood of scouting understand all informati Reservation on time (5	, I will faithfully live and act in accordance with the Oa honor and promise to pass along the skills and knowled when I return from NYLT. The information above is pr on regarding NYLT participation and agree to comply v :00pm) and will remain until formally dismissed by the me if I do not follow these policies.	dge to the of ovided to the vith all requi	ther member e best of my rements. I w	s of my unit and the world knowledge. I have read and ill arrive at Pipsico Scout
Scout Signature:	Date:			
Scoutmaster/Advisor		(MM/DD/	YY)	
First and Last Name:	Cell #:		Ema	il:
grade) by February 1, 2 position or is expected t mastered all the skills reparticipation and will en I affirm this scout has o hpwication	am nominating for NYLT is or will be at least 14 year 2019 and has the maturity to benefit from the course. To be doing so in the near future. He/she is proficient i equired of a First Class Scout and has attained that raisure my nominees and parents have been made award will have completed Introduction to Leadership Skills the formation to accurate and complete.	The Scout is n camping a nk. I am awa re and agree s for Troops	s currently or and cooking s are of all info to comply w or Crews or s	r has served in a senior leadership skills, and if a Boy Scout has ormation regarding NYLT vith all requirements. Furthermore,
Unit leader Signature:	:Date:	(4444/00	0.00	
Parent/Guardian Author	rization for Photo Release for Promotional Publication	וייטט/ <u>וS</u>	11)	
Parent/Guardian First ar	nd Last Name:Cell #	ŧ:	Er	mail:
videos, Tidewater Cound Tidewater Council, and t promotional and related in any photographs, vide	comotional pictures may be taken during camp activities cil publications, web sites, and slide shows. I/we authouthe National Council, Boy Scouts of America, to use pherogram purposes. It is the policy of the Tidewater Coeos, or publications used.	rize Tidewat otography o ouncil not to	er Council N r video image identify yout	YLT, Boy Scouts of America es of said minor for future th members by full name or address
Parent/Guardian Sign	nature:	Date:	(MAA/DD 000	<u></u>
NOTE: Registra	tion is to be accomplished online at:	https://t	idewater.ten	

Cost: \$235 prior to December 1, 2018; \$250 after December 1, 2018 and before January 15, 2019; and \$265 after January 15, 2019. *Financial assistance may be available to those with a bona fide need. Contact the Course Director for more information.*