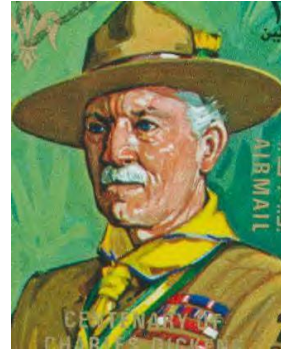




**Participant Application  
NATIONAL YOUTH  
LEADERSHIP TRAINING  
2020**

Kinsey Scout Reservation  
3492 US 171  
Stonewall LA 71078

Week 1  
January 18-20  
Week 2  
February 15-17



Name \_\_\_\_\_ Unit/Crew # \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade completed\* \_\_\_\_\_ Rank\* \_\_\_\_\_

T-shirt size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ XXXL \_\_\_ (All T-shirt sizes are adult sizes)

Additional t-shirts can be ordered at the Mandatory Pre-Course Meeting on December 12, 2019. (One t-shirt and one cap will be provided as part of the course fee.)

Troop/Crew leadership positions held: \_\_\_\_\_

All **Special Needs** Request forms must be completed and turned in prior to December 12, 2019.

**\* Participants MUST be 13 years of age on or before the start date of their course, or have completed the seventh grade, AND earned the rank of First Class prior to the course beginning.**

Please mail this application and deposit check to (make check payable to **NORWELA Council**)

NORWELA Council  
3508 Beverly Place  
Shreveport LA 71104

**A \$100.00 non-refundable deposit is required with this Application.** The balance of \$175.00 (total of \$275.00) is to be paid by the Mandatory Pre-Course meeting on December 12, 2019.

\_\_\_\_\_ Check/cash is enclosed for the amount of \$\_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_ Please charge my credit card in the amount of \$\_\_\_\_\_.

Signature \_\_\_\_\_

# 2020 NYLT SPECIAL NEEDS REQUEST

REQUEST FOR PHYSICAL ARRANGEMENTS ASSISTANCE

\*\*\*\*INCLUDES SPECIAL DIETARY REQUEST\*\*\*\*

(Attach Doctor's note stating reason if Medical)

**MUST BE SUBMITTED NO LATER THAN  
THE MANDATORY PRE-COURSE MEETING ON  
DECEMBER 12, 2019.**

Please Print or Type

Unit Type: (circle one) Troop Crew Post Unit Number: \_\_\_\_\_ District: \_\_\_\_\_

Person Making Request: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Request Made For (Name of Youth): \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Reason (Medical, Religious, Personal, etc.) \_\_\_\_\_

Type of Physical Arrangement, Assistance Requested or Special Dietary Request:  
(Attach Doctor's note stating reason if Medical)

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Return to: NORWELA Council, 3508 Beverly Place, Shreveport, LA 71104

Phone: 318-868-2274

Fax: 318-861-3354