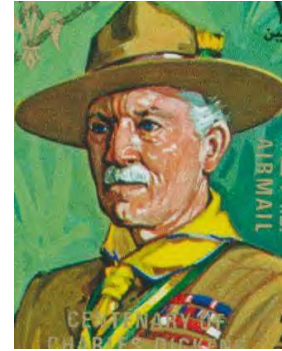




**Staff Application**  
**NATIONAL YOUTH LEADERSHIP TRAINING**  
**2020**



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 May 6 (One t-shirt, one cap and one jacket 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 in a Troop or the Discovery Award in a Crew 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 \$75.00 non-refundable deposit is required with this application by November 30, 2019.**  
The balance of \$100.00 (total of \$175.00) is to be paid before 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**