

2006 Mt Bayou Summer Camp

Evangeline Area Council
P.O. Box 80115
Lafayette, LA 70598

March 8, 2006

To All Scoutmasters

We will be offering "*National Youth Leadership Training*" during summer camp. This course, formerly entitled "Junior Leader Training" has been updated and refreshed to offer the utmost in quality youth leadership training. This program is offered through the Council Training Committee during the third week of camp, June 25 – July 1 at Mt Bayou Scout Camp. Invitations are done on an allocation system by Troop.

I have attached an application for NYLT Training. If the applicant is attending camp with his troop, please submit this application along with the troop's registration by April 21, 2006. If the applicant's troop is not attending camp at Mt Bayou this summer then the applicant should submit his application individually by April 21, 2006. All applications are subject to review and approval by the Council Training Committee.

A schedule of fees is also attached, this schedule is for scout attending more than one week of summer camp.

For more information about the National Youth Leadership Training program, and Troop allocation please contact Ed Oubre at (337) 230-6898 or by email at ceoubre@bellsouth.net .

Yours in Scouting,

Ed Oubre
Summer Camp Director

Evangeline Area Council BSA

REGISTRATION APPLICATION NATIONAL YOUTH LEADERSHIP TRAINING

NAME _____ NICKNAME _____

ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____

TROOP _____ DATE OF BIRTH _____ SCHOOL GRADE _____

TROOP LEADERSHIP POSITION _____ RANK _____

SCOUTMASTER'S APPROVAL

SIGNED _____ SCOUTMASTER, TROOP _____

ON MY HONOR AS A SCOUT, I PROMISE THAT I WILL FAITHFULLY LIVE ACCORDING TO THE SCOUT OATH AND LAW DURING THE NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE AND THEREAFTER. I WILL REPRESENT MY TROOP WITH HONOR, AND DO ALL I CAN TO PASS MY NEW KNOWLEDGE AND SKILLS TO MY FELLOW SCOUTS.

Signed: _____

APPROVAL OF PARENT OR GUARDIAN:

I APPROVE THE ATTENDANCE OF THE ABOVE NAMED SCOUT AT THE NATIONAL YOUTH LEADERSHIP TRAINING CONFERENCE TO BE HELD ON JUNE 25 – JULY 1, 2006

Signed: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT IF PARENT OR GUARDIAN CANNOT BE REACHED:

NAME _____ ADDRESS _____

HOME PHONE _____ WORK PHONE _____

INSTRUCTIONS:

1. COMPLETE ALL OF THE ABOVE INFORMATION
2. ENCLOSE CHECK FOR \$35.00 DEPOSIT
3. ENCLOSE COMPLETED MEDICAL FORM (Copy only, please)
4. RETURN TO SCOUT OFFICE AT 2266 S. COLLEGE ROAD, P.O. BOX 80115, LAFAYETTE, LA. 70598