**Youth Protection Certification**

**District:**

**Unit Type:                                 Unit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adults Full Legal Name                                          YPT Expiration Date**

|  |  |  |
| --- | --- | --- |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
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| **11** |  |  |
| **12** |  |  |

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Unit Leader for Colorado Jamboree) do attest that the adults listed above are registered in Scouts BSA and have valid and unexpired Youth Protection Training (YPT)**

**Signed:                                                                             Date:  \_\_\_\_\_\_\_\_\_\_\_**