

CHARTER RENEWAL TRANSMITTAL ENVELOPE

DISTRICT _____

Scouting Unit Number:

Cub Scout Pack _____	Venturing Crew _____
Boy Scout Troop _____	Sea Scout Ship _____
Varsity Team _____	Explorer Post _____
	Learning for Life Group _____

District Commissioners submit reviewed packages to the DE on or before the 1st of the charter month

Charter Renewal Checklist	Verification (Initial when complete)	
	Unit	Unit Commissioner
1. Charter Renewal Application A. Proper fees Enclosed (*See summary below) B. Executive Officer Signature C. Unit Leader Signature (CM, SM, NL, EA or SK)		
2. New applications complete: Date of birth, address, phone, etc. and signed. Adult application with SSN, disclosure, YPT		
3. Charter Renewal Application: All addresses, telephone numbers correct.		
4. Required positions listed: <input type="checkbox"/> CR <input type="checkbox"/> CC <input type="checkbox"/> MC <input type="checkbox"/> MC Packs: <input type="checkbox"/> DL and/or <input type="checkbox"/> WL, if Lions: <input type="checkbox"/> DL, if Tigers: <input type="checkbox"/> DL		
5. Unit leader listed (one required) <input type="checkbox"/> CM <input type="checkbox"/> SM <input type="checkbox"/> NL <input type="checkbox"/> EA <input type="checkbox"/> SK		
6. On Time Unit (To Unit Commissioner no later than 30 days before current charter expires)		
7. 100% <i>Boys' Life</i>		

<u>*Summary of Enclosed Fees</u>	Qty	Fee
Youth Registration*	\$33.00 X _____	\$ _____
Youth Acc./Sick Insurance	\$ 6.00 X _____	\$ _____
Multiple Youth (No fees)	_____	xxxxxxxxxx
Youth <i>Boys' Life</i> Subscriptions	\$12.00 X _____	\$ _____
Adult Registration*	\$33.00 X _____	\$ _____
Adult Acc./Sick Insurance	\$ 6.00 X _____	\$ _____
(NOT Including Tiger Adult and Lion Adult Partners)		
Multiple Adults (No Fees)	_____	xxxxxxxxxx
Adult <i>Boys' Life</i> Subscriptions	\$12.00 X _____	\$ _____
Charter Fee	\$40.00 X <u> 1 </u>	\$ <u> 40.00 </u>
Total Fees		\$ _____



BOY SCOUTS OF AMERICA
NATIONAL CAPITAL AREA COUNCIL
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Signed: _____ (Committee Chair) _____ (Unit Commissioner)

Please Print: _____ (Name) _____ (Telephone #) _____ (Name) _____ (Telephone #)