Registration Funding Assistance Request Form and Routing Sheet

Charter Organization	
Address	
Unit Type and Unit Number	
District	
Charter Organization Representative	
Institutional Head	

ITEM	NUMBER	UNIT COST	TOTAL
Charter Fee			$0.00
Youth Registration Fee			$0.00
Adult Registration Fee			$0.00
Scout Life			$0.00
Insurance			$0.00
		Subtotal	$0.00
		Less Paid by Unit (-)	
		Total Assistance	$0.00
Account Debited		Account Number	

PURPOSE FOR THE REQUEST

Charter Organization Representative, Committee Chair or Unit Leader approval on behalf of our Scouting program, I request the above financial assistance.

Printed Name _____ Signature _____

Position _____ Date _____

As the Unit Serving Executive, I certify that these youth and/or adults have been properly recruited into the indicated unit. (If the position is vacant, please indicate such).

Unit Serving Executive _____ Date _____

As the Staff Leader, I have discussed and verified the nature of this request for financial support to cover these associated registration costs. I have reviewed the applications and this request for support which meets with my approval.

Staff Leader/ Commissioned Professional _____ Date _____

Based upon the information provided by the Unit Serving Executive and verified by the Staff Leader, I hereby confirm that the Council (or other third-party) is paying part or all the registration fee in accordance with a board approved Council plan and any National membership validation requirements.

Designated Board Member _____ Date _____

Scout Executive _____ Date _____

REGISTRATION USE ONLY

Posted by Registrar Name: _____

Date: _____ **Signature:** _____

Funds Transferred by Bookkeeper/Controller

Name: _____

Date: _____ **Signature:** _____

National Service Territory Director Signature: _____ Date _____