NCAC / _____ **DATE:**_____

OCCOQUAN 2011 - CHARTER TURN IN

PACK - TROOP – VENTURING - VARSITY - SHIP UNIT:_____

CIRCLE ONE

Verify SIGNATURES: Unit Leader_____ & Executive Officer:____

Unit Leader:_____ Comm. Chair:_____

Charter Representative:_____ *Charter Agreement: Yes No*

Two: Committee Members_____ & _____

VERIFIED that all Unit Leaders are YPT certified: (*Unit Rep-PRINT*) _____

****

Cub Units- For Each Den Leader Group Please Verify: answer Yes or NO ?

Tiger Den Leader:_____ Wolf Den Leader_____

Bear Den Leader:_____ Webelos Den Ldr:_____

Verify NUMBERS of Tigers & Tiger Partners - Scout Parent: How many ?

Number of Tigers: _____ # of Tiger Partners: _____

# of Tiger Partners: _____ - _____ = # of Tiger Partners _____ (copy below next line)

(# holding paid Leader position

Number of Scout Parents _____ **+ Number of Tiger Partners** _____ **= Additional INS. ###** _____

Ship & VENTURING CREWS: Female Scouts? Yes No

IF YES At least ONE Female Adult Registered *{list name here?}* _____

****

# of Adult Applications: _____ *No blanks on the applications – Signatures OK?*

# of Authorization Pages Included? _____ YPT Included _____

# of Youth Applications: _____ *Unit Leader & parent signatures OK?*

Registration: *use Pencil !*

Number of Paid Youth: _____ X $15.00 = _____

Number of Paid Adults: _____ X $15.00 = _____

Insurance: *use Pencil !*

Number of Paid Youth: _____ X $1.00 = _____

Number of Paid Adults: _____ X $1.00 = _____ *use Pencil !*

Additional Insurance ### _____ X $1.00 = _____

Number of Boys Life Subscriptions: *use Pencil !*

100% BOYS LIFE ? Youth: _____ X $12.00 = _____

Yes No Adult: _____ X $12.00 = _____ *LDS separate check#*_____

??Centennial 2010 Quality Unit Award Program ENCLOSED? YES NO

UNIT COMMISSIONER:_____

NCAC / _____ DATE:_____

UNIT REGISTRATION FEE: $20.00 *use pencil !*

TOTAL RE-CHARTER FEE: Check#_____ $_____

LDS UNITS USE THE Z-ACCOUNT for the RE-CHARTER FEE $_____ Less Boy's Life

??Centennial 2010 Quality Unit Award Program ENCLOSED? YES NO

UNIT COMMISSIONER:_____