

INTERNET RECHARTERING CHECK LIST FOR 2017

DISTRICT _____ **CREW #** _____ **Expiration:** December 31, 2016

Please submit to Council a minimum of four weeks prior to unit expiration date.

- _____ Training (Cradle of Liberty Council Requirement) Checked By _____
_____ Crew Advisor (NL)/Associate Advisors (NA) Trained: *Venturing Leader Specific* (NOW online!)
_____ Committee Chair (CC)/Members (MC) Trained: *Venturing Committee Specific* (NOW online!)
_____ Venturing Youth Protection Training **current through March 31, 2017** for **ALL** Paid Leaders
- _____ Institution Head (IH) (non-paying position) **MUST** be the same person for **ALL** units the Institution sponsors.
- _____ Chartered Representative (CR) **MUST** be the same person for **ALL** units the Institution sponsors.
- _____ Applications attached for each new adult and youth member listed on page 1 of the charter renewal paperwork. (**Adult applications completely filled out including SSN, DOB, and signatures.**)
- _____ **Multiples** – Youth & Adults are marked as to where their unpaid multiple membership is registered.
- _____ The charter is signed by the Institution Head (**NO ONE ELSE CAN SIGN**), the Crew Advisor or his/her representative, and the District Representative.
_____ Institution Head _____ Crew Advisor _____ District Rep
- _____ Payment (Registration fee and Accident Insurance fee per Scout and Leader) **Note:** Accident Insurance fee is not included on internet recharter paperwork and must be added manually.

All Youth Members and Adult Leaders must pay \$2.00 insurance fee.

Line 1	_____ Paid Youth	X	\$24.00	\$	_____
Line 2	_____ Youth BL	X	\$12.00	\$	_____
Line 3	_____ Paid Adults	X	\$24.00	\$	_____
Line 4	_____ Adult BL	X	\$12.00	\$	_____
Line 5	_____ Unit Liability Insurance Fee			\$	40.00
Total of line 1 thru line 5				\$	_____
Line 6	_____ Number of Youth	X	\$2.00	\$	_____
Line 7	_____ Number of Adults	X	\$2.00	\$	_____
Total of line 6 + line 7				\$	_____
Total due to Council				\$	_____

Please make check payable to Cradle of Liberty Council for the full payment.

Unit point of contact: _____ Phone: _____

Email: _____