INTERNET RECHARTERING CHECK LIST FOR 2018

DISTRICT _____ CREW # _____ Expiration: December 31, 2017

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*** (Online)
- _____ Committee Chair (CC)/Members (MC) Trained: ***Venturing Committee Specific*** (Online)
- _____ Venturing Youth Protection Training **current through April 1, 2018** 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. **(Complete adult applications 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 $33.00		$ _____
Line 2	___ Youth BL X $12.00		$ _____
Line 3	___ Paid Adults X $33.00		$ _____
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: _____