INTERNET RECHARTERING CHECK LIST for 2017

DISTRICT _____ TEAM # _____ 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 _____

_____Varsity Coach (VC) Trained: ***Varsity Scout Leader-Specific & Intro to Outdoor Leader Skills***_____

_____ Asst. Varsity Coach (VA) Trained: ***Varsity Scout Leader-Specific & Intro to Outdoor Ldr Skills***_____

_____ Committee Chair (CC)/Member (MC) Trained: ***Varsity Scout Leader-Specific*** _____

_____ 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 noted as to where their unpaid multiple membership is registered.

_____ The charter is signed by the Institution Head (**NO ONE ELSE CAN SIGN**), the Varsity Coach or his/her representative, and the District Representative.

____ Institution Head ____ Coach ____ 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: _____