

INTERNET RECHARTERING CHECK LIST for 2018

DISTRICT _____ SHIP # _____ 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 _____
- _____ Skipper (SK)/Mate (MT) Trained: *Sea Scout Adult Leader Basic* (online) _____
- _____ Committee Chair (CC)/Member (CM) Trained: *Sea Scout Adult Leader Basic* (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 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 Skipper or his/her representative, and the District Representative.
_____ Institution Head _____ Skipper _____ 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: _____