

INTERNET RECHARTERING CHECK LIST for 2018

DISTRICT _____ TROOP # _____ 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 _____
 _____ Scoutmaster (SM)/Asst. Scoutmaster (SA) Trained: *Scoutmaster-Specific (Now online!) and Intro to Outdoor Leader Skills (IOLS)*
 _____ Committee Chair (CC)/Member (MC) Trained: *Troop Committee Challenge (online)*
 _____ 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 Scoutmaster or his/her representative, and the District Representative.

_____ Institution Head _____ Scoutmaster _____ 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: _____