

Registration Funding Assistance Request Form and Routing Sheet

Date: _____

District Name: _____

Unit Type and Number _____

Chartered Partner: _____

Item	Number	Unit Cost	Total
Charter Fee		\$	\$
Youth		\$	\$
Adult		\$	\$
Boys' Life		\$	\$
		Subtotal	\$
		Less Paid by Unit	\$-
		Total Assistance	\$

Attach Budget Account Debited 1-_____ - _____ - _____ Account Credited 1-2301-000-00

Reason for the request: _____

Charter Organization Representative, Committee Chairman or Unit Leader

On behalf of our Scouting program, I request the above financial assistance. I certify that these youth and/or adults have been properly recruited into the indicated unit.

Printed Name

Signature

Date

By signing below, I confirm the validity of the attached application(s) and I hereby confirm that the Council (or other third-party) is paying part or all of the registration fee in accordance with a board approved Council plan and all national membership validation requirements.

Unit Serving Executive or Staff Advisor Name Signature Date

District Director Name Signature Date

DFS or Asst /Deputy Scout Executive Name Signature Date

Scout Executive Name Signature Date

Registration Use Only

Post by Registrar: _____ Funds transferred by Bookkeeper: _____

Date: _____ Signature: _____ Date: _____ Signature: _____