

2020 LaSalle Council Charter Renewal Check Route Sheet

Status: Circle one	Council No.	Non Unit Postion	Dist # Circle one	Program Circle one	Unit No.	Regis. Term in Months	Expire Date
New Unit Add BL Only Expire Reg	165	Council District MBC	PO-1 AL-3 PT-7 DM-9	Pack Troop Other:			
Renew Pos Chg S-R Misc							
Registration & Boys' Life Fees	Quantity	Individual Prorated Fee	Total Fee	Customer Service Only			
Paid Youth		\$33.00	\$	Receipt # _____ Date _____			
Transfer Youth		XXXXXXXX	XXXXXXXXXXXXXXXX	Receipt # _____ Date _____			
Multiple Youth		XXXXXXXX	XXXXXXXXXXXXXXXX	Receipt # _____ Date _____			
Youth Boys' Life		\$12.00	\$	Specific Assistance: Amt pd \$ _____ Date pd _____			
Paid Adults		\$33.00	\$	Lions: Last charter _____ This charter _____			
Transfer Adults		XXXXXXXX	XXXXXXXXXXXXXXXX	Tigers: Last charter _____ This charter _____			
Multiple Adults		XXXXXXXX	XXXXXXXXXXXXXXXX	Cubs: Last charter _____ This charter _____			
Position Change		XXXXXXXX	XXXXXXXXXXXXXXXX	Webelos: Last charter _____ This charter _____			
Adult Boys' Life		\$12.00	\$	Pd Youth Prev recharter ____ Yr end ____ Diff (now-yr end) ____			
Unit Liability Ins Fee	XXXXX	XXXXXX	\$40.00	Pd BL Prev recharter ____ Yr end ____ Diff (now-yr end) ____			
Registrant Ins Fee		\$2.00	\$	Entered by _____ Date Entered _____ Date Processed _____ Confirmation ID _____			
Total Fees Due			\$				

Date in office: _____

Date office checked: _____

Above area for LaSalle Council office staff use only

(Professional or Commissioner) to certify the following:

Date received: _____

Submitter's name _____ Submitter's signature _____
 Receiver's name _____ Receiver's signature _____

- _____ 1. EZ charter renewal report
- _____ 2. Signature of Executive Officer on EZ charter renewal report or _____ online approval noted
- _____ 3. Charter Agreement _____ with signature of Executive Officer _____ **and** signature of Chartered Organization Representative
- _____ 4. Are there sufficient funds to process the charter paperwork?
Single check, payable to LaSalle Council: Check # _____ Amt paid \$ _____ Receipt # _____
 Add'l needed \$ _____ Specific Assistance amount \$ _____ used
 Use unit acct \$ _____ DE verification of unit account balance: Amt \$ _____ Date Checked _____
 Credit card amount paid: \$ _____ Date paid: _____ Receipt # _____
- _____ 5. All applications complete with:
 Youth apps: DOB ____ Grade ____ Address ____ Parent Name ____ Tiger or Lion Adult Partner DOB ____
 Parent Signature ____ Unit Leader signature ____
 List of defective names _____

 Adult apps: SSN ____ DOB ____ Address ____ Position ____ 3 References ____ ?'s Answered ____
 YPT (Youth Protection Training) taken after 2/1/18 ____ Applicant's Signature ____
 Approval signature (CR ____) CBC form completed ____
 List of defective names _____
- _____ 6. JTE form for 2019
- _____ 7. Unit Account Authorization Card for 2020
- _____ 8. Remarks: _____