

2021 LaSalle Council Charter Renewal Check Route Sheet

Status: Circle one New Unit Add BL Only Expire Reg	Renew Pos Chg S-R Misc	Council No. 165	Non Unit Postion Council District MBC	Dist # Circle one PO-1 AL-3 PT-7 DM-9	Program Circle one Pack Troop Other:	Unit No.	Regis. Term in Months	Expire Date
Registration & Boys' Life Fees		Quantity	Individual Prorated Fee	Total Fee	Customer Service Only			
Paid Youth			\$66.00	\$	Receipt # _____ Date _____			
Transfer Youth		xxxxxxx	xxxxxxxxxxxx		Receipt # _____ Date _____			
Multiple Youth		xxxxxxx	xxxxxxxxxxxx		Receipt # _____ Date _____			
Scout's Life			\$12.00	\$	Specific Assistance: Amt pd \$ _____ Date pd _____			
Paid Adults			\$42.00	\$	Lions: Last charter _____ This charter _____			
Transfer Adults		xxxxxxx	xxxxxxxxxxxx		Tigers: Last charter _____ This charter _____			
Multiple Adults		xxxxxxx	xxxxxxxxxxxx		Cubs: Last charter _____ This charter _____			
Position Change		xxxxxxx	xxxxxxxxxxxx		Webelos: Last charter _____ This charter _____			
New Member Join Fee			\$25.00	\$	Pd Youth Prev recharter _____ Yr end _____ Diff (now-yr end) _____			
Unit Liability Ins Fee			\$75.00	\$	Pd BL Prev recharter _____ Yr end _____ Diff (now-yr end) _____			
Participation 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. Charter Renewal Application **not** the EZ report
- _____ 2. Signature of Executive Officer on Charter Renewal Application 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 2/1/19 _____ 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. Background Check Authorization for each registered adult listed in the Charter Renewal Application
- _____ 9. Remarks: _____