

# NEW CHARTER PARTNER UNIT CHECKLIST

\_\_\_\_\_ P BT GT C S Ex  
 DISTRICT UNITTYPE UNIT# DATE Forms Turned In

DATE Paid at Office

DATE in My.Scouting

NAME of new charter partner \_\_\_\_\_

DELIVERED BY <name> on behalf of unit \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL \_\_\_\_\_

√	ACTION	NOTES
	New Unit Application	
	Release/ Assumption of Charter Form	
	New COR App, if needed	
	Annual Charter Agreement	
	Facilities Use Agreement	
	FHOD Form	
	SSN Missing	
	DOB Missing	
	CBC Missing	
	YPT Missing	
	Signature Missing	
	Leader Apps Not Included in Package	
	Youth Apps Not Included in Package	
	S.E. Letter Req'd (Not Enough Youth needs recruitment plan)	
	OTHER	

Name of Institutional Head/Executive Officer: \_\_\_\_\_

Name of Chartered Organization Representative: \_\_\_\_\_

Name of Unit Leader: \_\_\_\_\_

**STAFF CERTIFICATION: (INITIALS)**

Registrar Rec'd Paperwork:		Date:	
District Executive Sign: New Unit App, Annual Agreement		Date:	

**FEES DUE:**

No.	ACTION		Fee		Sub Total
	Youth registration	\$		\$	
	Leader registration	\$		\$	
	Boy's Life	\$		\$	
	Unit Liability Insurance	\$		\$	
	New member	\$	25.00	\$	
	Adult multiples	\$	0.00	\$	0.00
	Youth multiples	\$	0.00	\$	0.00
			<b>TOTAL FEES</b>	<b>\$</b>	