Registration Funding Request Form

District: _____ Unit Type & Number: _____

Chartered Organization: _____

Registration Assistance:

	# Assisted		FEES		Total Amount Requested
Youth		X	**$2.75 per month**	=	
Adults			**$2.75 per month**		
Insurance Fee			**$2 annual**		
Charter Fee			**$40 annual**		
				Total Fees:	

Chartered Organization Representative or Committee Chair Signature:
On behalf of our Scouting program, we request the above for registration assistance.
A statement of need from the unit/chartered organization is attached to this request in support of this assistance.

_____ _____
Signature Printed Name

As the youth serving executive, I certify that these youth and/or adults have been properly recruited into the indicated unit. Also, in working/discussing with unit I support the request/statement of need.

Unit Serving Executive _____ Date: _____

As the field Director, I have discussed and verified the nature of this request for financial support to cover these associated registration costs and statement of need. This requests meets my approval.

Field Director _____ Date: _____

Based upon the information provided by the unit service executive (s) and verification by his/her field director, I approve this request.

Director of Field Service Approval _____ Date: _____

Charge to Account (Circle One)	
Scout Reach 1-8901-045-20	**Learning for Life 1-8901-002-20**

Scout Executive Acknowledgement _____ Date: _____

Revised 2/26/2018

BOY SCOUTS OF AMERICA®
LINCOLN HERITAGE COUNCIL