Registration Funding Request Form

District: _____ Unit Type & Number: _____

Chartered Organization: _____

Registration Assistance: Units that participate in Family Fos and at Least One Product Sale will be given first consideration.

	# Assisted		# Months		FEES		Total Amount Requested
Youth		X		X	**$6.25 per month**	=	
Adults					**$3.75 per month**		
Insurance Fee					**$1.33 per month**		
New Member Fee					**$25 One Time Joining Fee**		
Charter Fee					**$100.00 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.

District Executive _____ Date: _____

As the Field/Outreach Director, I have discussed and verified the nature of this request for financial support to cover these associated registration costs and statement of need. I approve this request.

Field/Outreach Director _____ Date: _____

Unit Participates in: Popcorn_____ Camp Cards_____Family Fos_____

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

Direct of Field Service Approval _____ Date: _____

BOY SCOUTS OF AMERICA®
LINCOLN HERITAGE COUNCIL

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