

Recharter Check Sheet

Unit _____ Worker/commissioner name _____
Person presenting charter _____ Phone _____

**Recharterers must be submitted by the date your district designates, but no later than December 15.
Attach this form to the front of your recharter when submitting**

Place a check mark after verifying each of the items below:

- _____ New youth applications checked & put in order (signed by unit leader, parent, Venturer).
- _____ New adult applications checked & put in order (SS#, initials at bottom, **original** signature on disclosure page & signatures of applicant, committee chair and executive officer/institution head [EO/IH] or Chartered Organization Representative [COR]).
- _____ YPT verified for new adult applications. Attach copy.
- _____ Venturing youth aged 18 and over to fill out new adult applications.
- _____ YPT verified for new Venturing youth aged 18 and over. Attach copy.
- _____ Copy of YPT for those listed as needing YPT on the recharter (Pack, Troops, Teams = YPT 01; Crews, Ships = YPT 02, Posts = YPT 03).
- _____ **Original** signature of executive officer/institution head on recharter roster (if new executive officer/institution head, write date of birth next to name).
- _____ **Original** signature of unit leader on recharter.
- _____ Top leader trained (CM, SM, VC, NL, SK or EA). Attach copies.
- _____ If pack, roster has required leaders (DL, WL, TL).
- _____ Completed JTE form. Level earned _____

Enter the numbers from the charter & insurance forms below:

Paid Youth.....	\$ _____
Multiple Youth	\$ _____
Paid Youth Boys Life	\$ _____
Paid Adults	\$ _____
Multiple Adults	\$ _____
No Fee Adults	\$ _____
Paid Adult Boys Life	\$ _____

Total \$ from charter..... \$ _____

Any new apps on recharter need to be registered in current year
@ \$2.00 per person per month. \$ _____

of Youth Insured..... _____
 # of Adults Insured _____
 # of Tiger Partners Insured. _____
Total \$ from blue insurance Form \$ _____

Unit liability fee \$40.00

_____ **Total due (Charter + new apps + ins. + Unit liability fee)** \$ _____

_____ Check payable to BSA-SHAC) Date _____ Receipt # _____

Date originally received _____ Check information _____
To DE _____ JTE level _____