

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]).
- _____ Copy of YPT Y01 completed after 2/1/2018 for new adult applications.
- _____ Copy of YPT Y01 completed after 2/1/2018 for those listed as needing YPT on the recharter.
- _____ **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, NL, SK or EA). Attach copies.
- _____ Completed JTE form. Level earned _____

PACKS ONLY
_____ Roster has required den leaders (DL, WL, TL, LG).

CREW and SHIPS ONLY
_____ Venturing youth aged 18 and over to fill out new adult applications.
_____ Copy of YPT Y01 completed after 2/1/2018 for new Venturing youth aged 18 and over.

Enter the numbers from the charter report printout below:

Paid Youth.....	\$ _____
Multiple Youth	\$ _____
Paid Youth Boys Life	\$ _____
Paid Adults	\$ _____
Multiple Adults.....	\$ _____
No Fee Adults	\$ _____
Paid Adult Boys Life	\$ _____
Unit liability fee	\$ <u>40.00</u>
Total Council Accident Insurance Fee.....	\$ _____
Less online payment in Internet Rechartering, if any.....	(\$ _____)
Total due from charter report	\$ _____
Any new apps on recharter need to be registered in current year @ \$2.75 per person per month.	\$ _____
Total due (Charter + new apps)	\$ _____

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

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