

Approval for Registration Assistance

To be completed by District Executive

District		Unit Type		Unit #
Chartered Organization Name				
Program Information				
Crossroads of America Counci	lis	committed to making Scouting available	to a	all children. In support of that
		pay the portion of the national Scouting A		
		t afford as funding allows. The dollar amo		_
		merica registration fee, local council fee, a		
		to provide. Units are encouraged to inclu		•
_		ources are available to those with the mo		
_		www.crossroadsbsa.org/resources/forms		•
<u></u>		0		
Chartered Organization Ce				
-		partner applying for funds have paid as m		_
If practical, the Scout unit will p	oar	ticipate in the fall popcorn sale and annua	al fu	ndraising campaign.
Our chartered organization is a	hle	to provide \$ to help these	Scc	outs nay their registration fees
our chartered organization is a		to help these	000	outo pay their registration recei.
Name		Position		
Signature				Date
(Executive offi	cer	or chartered organization representative)		
Requested Assistance (to b	<u>е</u>	completed by district)		
Number of youth applicants		Scouting America national		Sub-Total
requesting assistance		registration fee + local council fee		
	~	\$	_	\$
	- ^	<u>Ψ</u>	_	Ψ
		Funds provided by applicants	-	\$
		Funds provided by unit	-	\$
		Funds provided by chartered		
		organization	-	\$
		Total assistance results of from		
		Total assistance requested from Crossroads of America Council		\$
		2. 223. 2442 27 / 11/10/104 204/10/1		

Individual Application for Registration Assistance form(s) and Scouting America registration forms (for new members) must be attached to this application along with the funds provided by the applicants, unit, and/or chartered organization. Funds should be deposited at Crossroads Outfitters in the registration holding account (=6HREG) and a receipt attached.



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I have reviewed the attached Individual Application(s) for Registration Assistance and verify the funds being requested are appropriate. For new Scouts, I have confirmed that the Scouting America youth applications are attached. If the applicant, unit, or chartered organization have provided funds, a receipt is attached.

Name	Position
Signature_	Date
	(District executive)
Council Approvals	
	nd verify the funds being requested are appropriate.
Name	Position
Signature	Date
	(Division manager)
I have reviewed this request followed.	nd verify that established council policies for registration assistance have been
Name	Position
_	Date
(VP of Growth & En	agement, Deputy Scout Executive, or Scout Executive)
Cost Center:	