



**Buffalo Trace Council  
Registration Fee Assistance Request  
Boy Scouts of America**



The council is committed to making Scouting available to all eligible youth. Therefore, the council will pay the portion of the national registration fee that youth or adults cannot afford. The dollar amount requested is the difference between national fees and what the youth/adult/chartered organization can afford. The Council will attempt to provide these requests as long as the need does not exceed the Council's budget allocations. To help ensure there are always sufficient funds to help low-income youth in challenging situations enjoy the benefits of Scouting, this unit commits to participating in the annual popcorn sale or other fund-raising effort.

District \_\_\_\_\_ Chartered Organization \_\_\_\_\_ Unit No. \_\_\_\_\_

Total No. youth \_\_\_\_\_ Total No. adults \_\_\_\_\_

Youth Registration \_\_\_\_\_ No. Youth \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_

Adult Registrations \_\_\_\_\_ No. Adults \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_

Unit Liability Fee \$ \_\_\_\_\_

Total Registration Requested \_\_\_\_\_

The following youth members are registering with Council registration assistance:

Unit No. \_\_\_\_\_ Chartered to \_\_\_\_\_


As the unit leader, I attest that the above youth members attend this unit on a regular basis (recharter)/ or are new to the unit and their parents/guardians have requested assistance with membership registration fees from the Buffalo Trace Council.

Unit Leader Signature \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

Certifications:

The youth, adults, and/or chartered organization applying for funds would not be able to enjoy Scouting without this help. They have paid as much of the fee as they can afford. The Scouting unit is pledged to participate in the annual popcorn sale or other fund-raising effort.

For the Chartered Organization (Executive officer or chartered organization representative)

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For the District:**

*I have reviewed the attendance records and agree that the applications are for valid members.*

District Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**For the Council:**

*I have reviewed this request to verify the funds being requested are appropriate and needed.*

Council Membership VP \_\_\_\_\_ Date \_\_\_\_\_

*I have reviewed this request to verify established council policies for registration assistance have been followed.*

Council Executive Staff \_\_\_\_\_ Date \_\_\_\_\_