



BOY SCOUTS OF AMERICA[®]

CRATER LAKE COUNCIL

REGISTRATION ASSISTANCE FORM

Unit Type: Pack Troop Crew Ship

Unit #: _____

Name of Leader Submitting Request: _____

E-mail: _____ Phone: _____

Unit sells Popcorn: Yes No

Unit participates in CLC Spring Product Sale: Yes No

Unit supports FOS: Yes No

Family Information

Parent(s) Name: _____

Scout Name: _____

Scout Name: _____

Scout Name: _____

Fee Payment Request

Number of Scouts needing assistance: _____

Cost per Scout: **x** _____

Total Fee Due: **=** _____

Family Payment: **-** _____

Unit Payment: **-** _____

Amount requested from the Council: **=** _____

The Registration Assistance Fund is meant to supplement assistance from the unit and payment from the family to cover the cost of registration.

Signature of Leader & Date

Signature of Parent & Date

Office Use Only	
Date Approved: _____	Amount Approved: _____
Approved By: _____	