

Troop 465 -- Recharter Roster Information Form

Scout/Adult Information (list all family members on one form)

Name(s): _____

BSA ID# (if known): _____

Home Address: _____

Phone Number(s): _____

Email Addresses: _____

Email Address 2: _____

For Adults Rechartering:

Adults rechartering, please provide the following personal and vehicle information to be used when providing transportation for outings:

Date of Birth: _____

Youth Protection Certificate Date: _____

Vehicle Year/Make/ Model: _____

Insurance Policy Limits: _____

Drivers License Number: _____

Dues:

First Scout: \$96 Additional Scout(s): \$84 Adult(s): \$48

Method of Payment: Check#: _____

Cash: _____

Scout Account: _____

parent/guardian signature

date

Required Items: Recharter Document, Dues Payment, BSA Annual Health and Medical Record parts A&B

Optional Form: BSA Annual Health and Medical Record part C