

UNIT CHARTER RENEWAL REPORT PACKAGE

Susquehanna Council : Troop 0001

New Adult Members

(The application form(s) for new adult member(s) must be submitted with the UCRS Charter Renewal Package)

Name

New Adult Leader
All For Scouting

New Youth Members

(The application form(s) for new youth member(s) must be submitted with the UCRS Charter Renewal Package)

Name

Webelos Scout Graduate
Eager For Scouting
Ready For Scouting
Youth Serving Scouting
Jonathan O Volunteer

Transfer Adult Members

(The application form(s) for transfer adult member(s) must be submitted with the UCRS Charter Renewal Package)

Name	Transfer Council	Unit Type	Unit Number
Harry T Camper	508	Troop	4060

Transfer Youth Members

(The application form(s) for transfer youth member(s) must be submitted with the UCRS Charter Renewal Package)

Name	Transfer Council	Unit Type	Unit Number
Wanna B Camper	508	Troop	4060

CHARTER RENEWAL APPLICATION

Unit: Troop 0001

District: Penns Woods

Unit Status: R

County: Union

Term: 12 months

Expire Date: 09/30/2006

Charter Org:

Liberty Community Group Committee
1613 Saint Mary St
Lewisburg, PA 17837

Executive Officer:

John T Volunteer
1613 Saint Mary St
Lewisburg, PA 17837

Boys' Life: 11

Term: 12 months
Begins: 12/2005
Ends: 11/2006

Executive Officer
Certification:

Signature

Registration: Qty: Fee:

Paid Youth	<u>10</u>	<u>\$91.00</u>
Multiple Youth	<u>0</u>	<u>\$0</u>
Paid Youth BL	<u>10</u>	<u>\$120.00</u>
Paid Adults	<u>7</u>	<u>\$61.00</u>
Multiple Adults	<u>2</u>	<u>\$0</u>
No Fee Adults	<u>1</u>	<u>\$0</u>
Paid Adult BL	<u>1</u>	<u>\$12.00</u>
Charter Fee		<u>20.00</u>

Our Organization approves this application and all reregistering adults. I understand the responsibility for the approval of new adults can be given to our chartered organization representative. (Complete information is on instruction sheet no. 28-420)

Council Representative
Certification:

Signature

Total Fee Submitted \$304.00

0 Months Completed Tenure

100% Boys' Life: Y

Adult Members

Position	Name	Address	BL	DOB	M/F	Phone
Assistant Scoutmaster	Dedicated Y Adult	300 Jpm Rd Lewisburg, PA 17837	N	01/01/1982	M	H (570) 522-0713
Committee Member	Tested O Adult Jr	690 Saint Louis St Lewisburg, PA 17837	N	01/01/1966	M	H (570) 723-2323
Scoutmaster	Vigil B Adult	300 Jpm Rd Lewisburg, PA 17837	N	01/01/1953	M	H (570) 522-0713
Committee Member	Harry T Camper	2200 Hardscrapple Dr Lewisburg, PA 17838	N	02/08/1955	M	H (570) 524-3138
Committee Member	Carrie Packwood Jones	141 Market St Lewisburg, PA 17837	N	02/21/1965	F	H (570) 523-0020
Assistant Scoutmaster	New Adult Leader	2066 Smoketown Rd Lewisburg, PA 17837	Y	08/01/1987	M	H (570) 524-2424
Assistant Scoutmaster	All For Scouting	400 Market St Lewisburg, PA 17837	N	01/01/1958	M	H (570) 522-1500
Committee Chairman	Janice B Volunteer	1613 Saint Mary St	N	01/01/1962	F	B (570) 326-5122

Chartered Organization Rep.	Janice B Volunteer	Lewisburg, PA 17837 1613 Saint Mary St Lewisburg, PA 17837	N	01/01/1962	F	B (570) 326-5122
Executive Officer	John T Volunteer	1613 Saint Mary St Lewisburg, PA 17837	N	01/01/1960	M	H (570) 522-1000

Adults Printed: 10

Youth Members

Name	Address	BL	DOB	Grade	M/F	Phone
Active Young Adult	690 Saint Louis St Lewisburg, PA 17837	Y	02/08/1991	9	M	H (570) 722-2323
Samuel Vigil Adult	300 Jpm Rd Lewisburg, PA 17837	Y	06/01/1993	7	M	H (570) 522-0020
Wanna B Camper	2200 Hardscrapple Dr Lewisburg, PA 17837	Y	03/03/1990	9	M	H (570) 524-3138
John G Cat	207 Fairground Rd Lewisburg, PA 17837	Y	07/04/1991	9	M	H (570) 522-0001
Webelos Scout Graduate	515 Jpm Rd Lewisburg, PA 17837	Y	01/01/1995	6	M	H (570) 523-3177
Youth A Jones	141 Market St Lewisburg, PA 17837	Y	06/09/1988	12	M	H (570) 523-0020
Eager For Scouting	400 Market St Lewisburg, PA 17837	Y	01/01/1994	6	M	H (570) 522-1500
Ready For Scouting	650 Market St Lewisburg, PA 17837	Y	04/04/1995	5	M	H (570) 524-5400
Youth Serving Scouting	500 Fairground Rd Lewisburg, PA 17837	Y	02/08/1994	6	M	H (570) 523-3500
Jonathan O Volunteer	1613 Saint Mary St Lewisburg, PA 17837	Y	01/01/1995	6	M	H (570) 523-1000

Youth Printed: 10

Unit Leader Certification

Unit Totals:

Paid Adults = 7

Paid Youths = 10

Total BL Subs = 11

MULTIPLE REPORT

Multiple Adult Members

Name	Position	Multiple From
All For Scouting	Assistant Scoutmaster (SA)	Pack 0001
Janice B Volunteer	Committee Chairman (CC)	

DROPPED REPORT**Dropped Adult Members**

Position	Name	Address	DOB	M/F	Phone
Committee Member	Felicity A Adult	690 Saint Louis St Lewisburg, PA 17837	02/28/1968	F	H (570) 723-2323

Dropped Youth members

Position	Name	Address	DOB	M/F	Phone
Youth Member	New Adult Leader	2066 Smoketown Rd Lewisburg, PA 17837	08/01/1987	M	H (570) 524-2424

NO FEE REPORT**No Fee Adults**

Name	Position
John T Volunteer	Executive Officer (IH)

PROMOTED ADULTS REPORT**Promoted Adult Members**

Position	Name	Address	BL	DOB	M/F	Phone
Assistant Scoutmaster	New Adult Leader	2066 Smoketown Rd Lewisburg, PA 17837	Y	08/01/1987	M	H (570) 524-2424
Assistant Scoutmaster	All For Scouting	400 Market St Lewisburg, PA 17837	N	01/01/1958	M	H (570) 522-1500

Promoted Adults Printed: 2

PROMOTED YOUTH REPORT

Promoted Youth Members

Position	Name	Address	BL	Grade	DOB	M/F	Phone
Youth Member	Webelos Scout Graduate	515 Jpm Rd Lewisburg, PA 17837	Y	6	01/01/1995	M	H (570) 523-3177
Youth Member	Eager For Scouting	400 Market St Lewisburg, PA 17837	Y	6	01/01/1994	M	H (570) 522-1500
Youth Member	Ready For Scouting	650 Market St Lewisburg, PA 17837	Y	5	04/04/1995	M	H (570) 524-5400
Youth Member	Youth Serving Scouting	500 Fairground Rd Lewisburg, PA 17837	Y	6	02/08/1994	M	H (570) 523-3500
Youth Member	Jonathan O Volunteer	1613 Saint Mary St Lewisburg, PA 17837	Y	6	01/01/1995	M	H (570) 523-1000

Promoted Youth Printed: 5

Please attach to this report package the application forms for all new and transferring adult and youth members and any other forms, such as the Quality Unit Award Application, as requested by your council. The next step is to have the package reviewed for approval. The Executive Officer of the Chartered Organization and the Unit Leader must sign the Charter Renewal Application. If something is found that now must be corrected, please print the correct information on the Application in the appropriate area and line through the incorrect information.

Please follow the instructions of your council to obtain the Council Representative signature.

The final step is to submit to your council this entire report package with attachments and the payment for the total amount due.

Please print below the name, telephone number, and e-mail address of a person who may be contacted by the council in case of questions.

Unit Contact Person _____

Telephone Number _____

E-Mail Address _____