



Crossroads of America Council  
Boy Scouts of America

**Registration Assistance Request**

Crossroads of America Council is committed to making Scouting available to all children. In support of that commitment, the council will pay the portion of the national registration fee that youth or adults cannot afford. Likewise, the council will support the portion of the chartering organization fee that our chartered partners cannot afford. The dollar amount requested is the difference between national fees and what the youth/adult/chartering organization can afford. To help ensure there are always sufficient funds to help low-income youth enjoy the benefits of Scouting, this unit commits to participating in the annual popcorn sale.

**District:** \_\_\_\_\_ **Chartered Organization:** \_\_\_\_\_

**Unit Type:** \_\_\_\_\_ **Unit #** \_\_\_\_\_ **Total # Youth:** \_\_\_\_\_ **Total # Adults:** \_\_\_\_\_

**Youth Fees:** # Youth \_\_\_\_\_ **Amount needed: \$** \_\_\_\_\_

**Adult Fees:** # Adults \_\_\_\_\_ **Amount needed: \$** \_\_\_\_\_

**Accident Insurance:** # Youth/Adults \_\_\_\_\_ **Amount needed: \$** \_\_\_\_\_

**Charter Fee:** **Amount needed: \$** \_\_\_\_\_

**Fees already paid:** -- \$ ( \_\_\_\_\_ )

**TOTAL DUE \$** \_\_\_\_\_

**Certifications**

The youth, adults and /or chartered partner 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 Scout unit is pledged to participate in the annual popcorn sale.

**For the Chartered Partner:** (Executive Officer or Chartered Organization Representative)

**Printed Name:** \_\_\_\_\_

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

**For the District:**

I have reviewed the attendance records and concur the applications are for valid members.

**District Executive:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For the Council:**

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

**Field Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Director of Field Service:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only: CAM# 6URA**

Popcorn Participation: Current Year: Yes  No  Past Year: Yes  No