

Family: \_\_\_\_\_ Troop 4 Recharter 2005



Please return this form with payment to Dave Klapperich by October 25<sup>th</sup>, 2004; earlier payment is encouraged (Please). All recharter paper work & troop checks must be in the Districts hands by November 02, 2004. Please fill out all information requested. Please Print Clearly. Thanks,

Dave Klapperich Recharter Chairman Home: 3003 Mustang Drive, Madison Lake, MN 56063 Ph: 243-4160, Work 345-2603 (You may leave a message and I will get back to you) E-mail: dave@klapperich.org

**(Youth) Scouts Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, St: MN Zip: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Scout Rank: \_\_\_\_\_ Grade: \_\_\_\_\_ E-mail: \_\_\_\_\_

Troop Leadership position: \_\_\_\_\_

**Scouters (Adult) Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

(if info below is same as Youth, leave blank)

Address: \_\_\_\_\_

City: \_\_\_\_\_, St: MN Zip: 56 Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Position : \_\_\_\_\_ Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**Scout** 1 year Registration and Insurance: \$11.00 \_\_\_\_\_

1-year subscription to Bobs Life (only 1 per family): \$10.80 \_\_\_\_\_

Troop Bus Fee: \$25.75 \_\_\_\_\_

**Scout Total: \$** \_\_\_\_\_

**Scouters (Adult)** 1 year Registration and Insurance: \$11.00 \_\_\_\_\_

1 -year subscription to Boys Life (only 1 per family): \$10.80 \_\_\_\_\_

**Multiple Registered Scouters:**

I am also registered with Pack/Troop # \_\_\_\_\_  
GB District / Twin alley Council

**Scouter Total: \$** \_\_\_\_\_

**O.A. Registration (O.A. Members Only)**

Honor: \*Ordeal, Brotherhood, or Vigil Member  
(Circle)

Youth Name: \_\_\_\_\_ \*OM, BM, VM \$ 7.00 \_\_\_\_\_

Adult Name: \_\_\_\_\_ \*OM, BM, VM \$7.00 \_\_\_\_\_

**O A Total: \$** \_\_\_\_\_

Make check out to Boy Scout Troop 4

**Grand Total: \$** \_\_\_\_\_

**Please Note:**

**A. Only one Boys Life per family necessary for quality unit. DEDUCT from Scout Account: \$** \_\_\_\_\_

**B. One adult registration per family is required.**

**C. If you are registered with another Scout Troop or at the District Level please let Dave know.** Amount Due: \$ \_\_\_\_\_