

Exploring Registration Funding Request Form

Please Print

Date: _____

District Name & Number: Exploring 02 Unit Type & Number: _____

Chartered Partner: _____

	<u># Assisted</u>	=	<u>Total Amount Requested</u>
Adults	_____	=	_____
Youth	_____	=	_____
Total Amount Requested			_____

REASON FOR THE REQUEST: _____

Post Advisor or Post Committee Chairman

***NOTE: May not be requested by a Council Employee.**

On behalf of our Exploring program, I request the above financial assistance.

Signature
Printed Name
Date

As the Unit Serving Executive, I certify that these youth and/or adults have been properly recruited into the indicated unit. (If the position is vacant, please indicate as such.)

Unit Serving Executive
Date

As the Field Director, I have discussed and verified the nature of this request for financial support to cover these associated registration costs. This request for support meets with my approval.

Field Director
Date

For budgetary designation Account: After-School Program / Scoutreach / Other _____

Scoutreach Director
Account
Date

Based upon the information provided by the Unit Serving Executive and verification by the Field Director, I approve this request.

Director of Field Service
Date

Registration Use Only

Reviewed by Program Center Manager:

Date _____ Initials _____

Posted by Registrar:

Date _____ Initials _____

Bookkeeping Initials _____