



SCOUTS CANADA – NOC

CHARTER RENEWAL APPLICATION

For the Scouting Year September 1, 2016 to August 31, 2017

It starts with Scouts.

**GROUP DETAILS** (Please print clearly)

Group Name:	_____	Charter #:	_____
Area:	_____	Council:	_____
Group Commissioner:	_____		
Email:	_____	Phone No:	_____
Meeting Location(s) and Times:	Please update this in myscouts		
_____			

**SPONSOR/PARTNER DETAILS** (Please print clearly)

Sponsor/Partner Organization:	_____		
Address	_____	City:	_____
	_____	Postal Code:	_____
Sponsor/Partner Representative:	_____		
Email:	_____	Phone No:	_____
Sponsor /Partner Conditions:	_____		
	_____		

**GROUP BANKING DETAILS** (Please print clearly) – List all Accounts operated by the Group

Banking Institution:	_____		
Address:	_____	City:	_____
	_____	Postal Code:	_____
Email:	_____	Phone No:	_____
Name of Account(s):	(must include "Scouts Canada" in the name)		
Operating Account:	_____	Account #:	_____
Operating Account:	_____	Account #:	_____
	_____		_____

## LIST OF GROUP SIGNING OFFICERS (Minimum of 2 Required)

Group Commissioner: \_\_\_\_\_

Group Administrator: \_\_\_\_\_

Group Treasurer: \_\_\_\_\_

Group Secretary: \_\_\_\_\_

## Checklist of Documents

Year End Financial Statement (Sept 1, 2014 - Aug 31, 2015) (Audited or reviewed by Third Party)

Most recent Monthly Bank Statement for each Account owned by the Group

Do you have a ZERO balance owing for registration? If not your renewal will be DELAYED.

Canadian Path Spring Self-Assessment...all done?

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## AGREEMENTS

### Local Sponsor/Partner Agreement

Having read the responsibilities for Sponsors/Partners, I make application to Scouts Canada for a Charter Renewal on behalf of the named group/section above.

**Sponsor/Partner Representative**

**Date:**

Signature \_\_\_\_\_

### Group/Section Agreement

We agree that we will ensure that the group/section for which this charter is granted or renewed will operate in accordance with the By-Law, Policies and Procedures of Scouts Canada.

**Group Commissioner**

**Date:**

Signature \_\_\_\_\_

**Area / Council Representative**

**Date:**

Signature \_\_\_\_\_