



CANADIAN FEDERATION of INDEPENDANT SCOUTING

APPLICATION FOR A GROUP CHARTER

Name of Prospective Group	
Name:	_____
Address:	_____ _____
Phone:	_____
Email:	_____
Fax:	_____

Sponsored Group	[]	Open Group	[]
Name of Sponsoring Organization: _____			
Address of Sponsor: _____ _____			
Phone Number: _____			
Email : _____			
Sponsors may include: Churches, Schools, Universities, Colleges, Armed Forces Units, Civic or Fraternal Groups, You may choose instead to be an Open Group, and be sponsored by parents of the youth Members.			

Which sections do you wish to operate?			
Chipmunks	Night and Time of Meeting	_____	_____
Otters	Night and Time of Meeting	_____	_____
Timber Wolves	Night and Time of Meeting	_____	_____
Explorers	Night and Time of Meeting	_____	_____
Sr. Explorers	Night and Time of Meeting	_____	_____
Rover Knights Youth	Night and Time of Meeting	_____	_____
Rover Knights Adult	Night and Time of Meeting	_____	_____
Other	Night and Time of Meeting	_____	_____
Address of meeting Place; _____			
Use other side if more than one location is used			



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AS THE PROSPECTIVE GROUP COUNCIL, DO YOU:

- 1) Accept the aims, methods and policies of the Association? YES [] NO []
- 2) Undertake to form a Group Committee as soon as possible, but not later than than 3 months after the date of registration? YES [] NO []
- 3) Agree to develop in due course a complete Group, unless conditions make this impossible? YES [] NO []
- 4) Agree to give due emphasis to the religious aspect of Scouting? YES [] NO []
- 5) Ensure that the various sections of the Group receive the full *Explorer* training in character, health, handicraft and service? YES [] NO []
- 6) Agree to help the Group obtain a suitable meeting place and the necessary equipment and opportunity for training? YES [] NO []

DATE

Signature of Prospective Council Member

DATE

Signature of Prospective Council Member

NOTE: In case of sponsored Groups, the written agreement of the Sponsoring Authority is necessary.

FOR OFFICE USE ONLY:

Date Received: _____

Name of Group: _____

Registration Forms sent: Youth _____ Adult _____

Annual Registration Fees received: _____ Date _____

Registration: Approved [] Not Approved []

DATE

PROVINCIAL SECRETARY