

Scenic Charter Organization Recognition Form

Name of Charter Organization: _____

Contact Person for Charter Organization: _____

How long have they been your Charter Organization? _____

Describe what your Charter Organization provides for your unit:

Why your Charter Organization should be recognized by the Central Minnesota Council?:

What does your unit do for service to your charter organization:

Submitted by: _____

Position in Pack/Troop/Crew: _____

Pack/Troop/Crew number _____ Date _____

(form due to the council office by April 14th)
