



## Individual Registration Assistance Request Form

Please submit this completed form to the Greater Tampa Bay Area Council Service Center (13228 N. Central Ave, Tampa, FL 33612). The information provided will be treated with confidentiality and used solely for the purpose of evaluating the request for individual registration assistance. Approval is subject to available funds and compliance with the Council's policies. Please allow up to 7-10 business days for approval.

Date of Request: \_\_\_\_\_ Unit: \_\_\_\_\_ District: \_\_\_\_\_

### Applicant Information:

Full Name of Applicant: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Unit Leader Information:

Unit Leader Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

### Reason for Request:

Briefly explain the circumstances or need for individual registration assistance:

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### Financial Information:

Financial Assistance Received from Family and/or Guardian: \$ \_\_\_\_\_

Financial Assistance Received from Unit and/or Chartered Organization: \$ \_\_\_\_\_

Other Financial Assistance Received (unit fundraiser, popcorn sales, other): \$ \_\_\_\_\_

Requested Amount for Assistance (up to 50%\*): \$ \_\_\_\_\_

# Scouting America




## Greater Tampa Bay Area Council

Authorization: I authorize the Greater Tampa Bay Area Council, Scouting America, to review and verify the information provided in this request for individual registration assistance. I understand that the assistance granted is solely for the purpose of covering current year's registration fees of Scouting America for participation in Scouting activities and does not include GTBAC program fees\*\*.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature if applicant is under 18)

\*Subject to change based on availability of funds

\*\*GTBAC program fee is \$33 for a youth participant and \$21 per adult participant for a 12-month period

<h1>\$118/YR</h1>	<p>Participants in kindergarten through age 20.</p> 
<h1>\$50/YR</h1>	 <p>For all Exploring youth and adults.</p>
<h1>\$86/YR</h1>	 <p>All registered adult volunteers in unit and non-unit positions. (Volunteers with multiple registrations will continue to pay for only one position).</p>

### For Official Use Only:

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Initials: \_\_\_\_\_

Approval Amount: \$ \_\_\_\_\_

District Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Council Signature: \_\_\_\_\_ Date: \_\_\_\_\_