



*BSA TROOP 215
Bethel Presbyterian Church
2999 Bethel Church Road
Bethel Park, PA 15102*



November 2008

Dear Parents:

Once again it is time to re-charter our troop and re-register our scouts. Please complete the attached troop registration form and return it to Mr. Koltash as soon as possible. All registration information and payments **must be received by Monday, December 15th**. If you choose to use your scout account funds to cover the re-chartering fee, please complete the attached scout account activity request form and return it along with your registration.

The cost to run our troop is approximately \$7,500 per year. The troop receives about \$2,500 from the various fund-raisers held during the year which means that \$5,000 has to be funded from other sources. Given the portion of the re-charter fee that remains with the troop, we have kept the annual fee the same as last year which provides about \$3 per month per scout (or \$36 per year).

The fee for the first scout in a family will be \$60 and includes a subscription to *Boy's Life*. For families with more than one scout in the troop, the fee for additional scouts is \$48 since only one *Boy's Life* subscription is ordered per family. The fee for Adult Assistant Scoutmasters and Committee Members is \$12.

A Driver's License/Insurance Information form is also included with this mailing. The Greater Pittsburgh Council of Boy Scouts **requires** that this information be available for all possible drivers for the troop for insurance and liability purposes. In order to ensure that we have accurate records on file, this form also needs to be completed and submitted with your registration.

All completed forms and payment can be turned into to Mr. Koltash prior to the start of any regular Troop meeting.

We appreciate your continued support for Troop 215. If you have any questions, do not hesitate to contact me at 412-812-1951 or Kevin.bright@tudi.com .

Best Wishes for a Happy Thanksgiving!

Kevin Bright
Troop Committee Chair

**PLEASE RETURN THIS COMPLETED FORM WITH YOUR PAYMENT
(No Cash; Check or Scout Account Form Only)**

	Cost	Number	Total
1 st Scout w/ Boy's Life	\$60	1 \$	60.00
Additional Scout(s)	\$48		
Adult Leader(s)	\$12		
Committee Member(s)	\$12		
TOTAL			\$

Payment Type: Check Scout Account

Please Select Registration Type:	Scout: _____	Leader: _____	Committee: _____
Name:			
Address:			
Phone (H):		Phone (W)	
E-mail:		Birth Date:	
Current Rank:		Current Grade:	
Parent Name (Scout only):			

Please Select Registration Type:	Scout: _____	Leader: _____	Committee: _____
Name:			
Address:			
Phone (H):		Phone (W)	
E-mail:		Birth Date:	
Current Rank:		Current Grade:	
Parent Name (Scout only):			

PLEASE MAKE CHECK PAYABLE TO BSA TROOP 215

TROOP 215
SCOUT ACCOUNT REQUEST

Date of request _____

Scout _____

Requests that \$_____ from his Troop 215 Scout Account be used as follows:

If a check is to be issued, make it payable to :



The check is to be sent to:

Date check needed _____

Other instructions:

Signed: _____ Date _____
Scout or Parent

Boy Scout Troop 215

THE GREATER PITTSBURGH COUNCIL OF BOY SCOUTS REQUIRES THAT ALL DRIVERS FOR THE SCOUT TROOP SUBMIT THE FOLLOWING LICENSE AND INSURANCE INFORMATION. PLEASE COMPLETE AND RETURN THE FORM TO MR. KOLTASH.

ALL INFORMATION WILL BE TREATED IN A CONFIDENTIAL MANNER AND WILL BE ENTERED IN THE TROOP DATABASE. PERIODIC UPDATES WILL BE NECESSARY AS VEHICLES AND INSURANCE INFORMATION CHANGES.

YOUR COOPERATION IN THIS MATTER IS GREATLY APPRECIATED.

ADULT DRIVER'S LICENSE (fill out information from your photo ID card):

Driver One	DRIVER'S NAME: _____ D.O.B. _____
	LICENSE NUMBER : _____ EXPIRATION DATE : _____ STATE: _____

Driver Two	DRIVER'S NAME: _____ D.O.B. _____
	LICENSE NUMBER : _____ EXPIRATION DATE : _____ STATE: _____

VEHICLE LICENSE PLATE

PLATE NUMBER: _____ STATE: _____

VehicleOne	YEAR, MAKE & MODEL OF VEHICLE: _____
	OWNER: _____
	WILL EVERYONE WEAR A SEAT BELT? _____ NUMBER OF OCCUPANTS: _____

PLATE NUMBER: _____ STATE: _____

VehicleTwo	YEAR, MAKE & MODEL OF VEHICLE: _____
	OWNER: _____
	WILL EVERYONE WEAR A SEAT BELT? _____ NUMBER OF OCCUPANTS: _____

AUTOMOBILE INSURANCE

PUBLIC LIABILITY COVERAGE:

EACH PERSON: \$ _____ EACH ACCIDENT: \$ _____

PROPERTY DAMAGE COVERAGE: \$ _____