

Family Pack Program Contract



Chartered Partner Organization: _____

Chartered Partner Contact Person: _____

Phone: _____ Email: _____

Pack # _____ District: _____

School(s) Served: _____

Number of Youth currently active in your Pack: _____

The information you provide will be used in updating the online registration system.

1. Our Chartered Partner chooses to (select one):

- Become a Pack that serves boys and girls starting August 2018.
- Remain an all-boy Pack for the 2018/2019 Program Year.

We would like information about starting an all-girl Pack: Yes / No

2. The pack has discussed the following with our Chartered Partner:

- How does the unit plan on helping new members and their families feel welcome in the pack?
- Are the leaders and parents in the unit supportive of adding girls?
- Will our current locations accommodate den and pack meetings if we have additional members/families?

As a Pack Committee and as a Chartered Partner we have discussed the Girls in Cub Scouts options and believe that our choice aligns most closely with our leaders, families and community at this time.

Committee Chair

Cubmaster

Institutional Head

Print Name Date

Print Name Date

Print Name Date

*Please return this form by **May 1st, 2018** to your Program Relations Executive or scan and email to: smccauley@northernstarbsa.org*