

PROGRAM UNIT TRANSMITTAL



Print with ballpoint pen. Press down firmly.

- Annual Registration
- Supplementary Registration

- Starflight
- Adventure
- Discovery
- Horizon
- Other

School _____
 District/Area/ASU _____
 Program Unit Leader's Name _____
 New Program Unit
 Renewing Program Unit
 Name of Previous Leader _____

ADULTS	Last Name	First Name	Address	City/State	Zip	Telephone	Grade	Check appropriate			Amounts Collected					
								Current	Trans	Renew	New	Member -ship Dues	Program Fees	Other	Total Collected	
1.																
2.																
3.																
YOUTH																
1.																
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																

Subtotal from other pages	\$	\$	\$	\$	\$	\$
Total this page	\$	\$	\$	\$	\$	\$

Remit total amount collected

\$

Ethnic/Racial Background		Disabilities		Gender		CLUB DATA	
No. of Registrants:	Youth	No. of Registrants:	Adult	No. of Registrants:	Youth	Sponsor Name	Meeting Place Name
African-American	_____	Physical	_____	Female	_____	<input type="checkbox"/> School	<input type="checkbox"/> Child Care Center
Hispanic/Latino	_____	Developmental	_____	Male	_____	<input type="checkbox"/> Church	<input type="checkbox"/> Community Center
Caucasian	_____	Other	_____		_____	<input type="checkbox"/> Home	<input type="checkbox"/> Other
Native American	_____	Please specify disabilities:	_____		_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian	_____		_____		_____	Day/Time of Meeting _____	
Multi-racial	_____		_____		_____	Club Support Committee _____	
Other	_____		_____		_____		

Leader's Signature _____

Date _____

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