

UNIT PROFILE FORM

DATE SUBMITTED _____

TYPE OF UNIT & NUMBER: PACK _____ TROOP _____ CREW _____ POST _____

CHARTERED BY: _____

PASTOR (Executive Officer):

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ - _____

E-MAIL ADDRESS: _____

CHARTERED ORGANIZATION REPRESENTATIVE:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ - _____

E-MAIL ADDRESS: _____

COMMITTEE CHAIR:

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ - _____

E-MAIL ADDRESS: _____

UNIT LEADER: ___ **Cubmaster** ___ **Scoutmaster** ___ **Crew Leader** ___ **Advisor**

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ - _____

E-MAIL ADDRESS: _____

DIOCESAN OFFICE USE ONLY:

Date Update Received _____

Deanery Representative Signature _____

Date forwarded to Diocesan Office / Chair _____