



BOY SCOUTS OF AMERICA

MICHIGAN CROSSROADS COUNCIL

Request to Update Unit Executive Officer/Institution Head Information

Please submit one form per unit

PLEASE FILL IN ALL FIELDS AND PRINT CLEARLY

Unit Type Troop Pack Crew Ship Post Club
Unit Number: _____

Legal Name of Chartering Organization _____

New Executive Officer
First Middle Last

Address:
Number and Street Apt No. City Zip Code

Phone: work _____ Date of Birth _____
cell _____ Gender Male Female

Ethnic Background Alaska Native Asian Black/African American
Caucasian/White Hispanic/Latino Native American
Pacific Islander Other _____

Occupation _____ Employer _____

Email Address work _____

Signature of Executive Officer

Signature of Scout Executive or designee (to acknowledge the change(s))



Updated 3.28.23