



Scout Group Closure Form

SIF 16/07
(January 2007)

To be prepared by the County Commissioner and Provincial Support Officer.
Where necessary continue an item on separate page/s
The completed form should be returned to National Office.

Scout Group Name and Number	
Scout County	
Date of Closure	
Reason/s for Closure	
Proposals to revive Group	
Any special remarks	

Finance

Bank account	Branch name and number	Amount
Account Signatories		
Cash on hand	Held by _____	Amount
Cash owed to Group	From _____ _____	Amount(s)
Cash owed by Group	To _____ _____ _____ _____	Amount(s)

Premises

Does Group own a Den YES NO

Is it held by The Scout Foundation? YES NO

Is it held by local Trustees? YES NO

If there are local Trustees, please list names, addresses and phone numbers

Name
Address
Phone

Name
Address
Phone

Are third parties using the Den?. What arrangements are in place ?

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Equipment

In general terms what equipment does the Group own and where is it stored. A full inventory of equipment should be attached to this form

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Signature of Commissioner _____ Date _____