



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

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|---------|
| 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 _____