

UNIT CAMP CARD ORDER & TRACKING FORM

(District Executive: Please return this form to Susan Miley-Petrehn)

PACK TROOP CREW SHIP POST

DATE _____ DISTRICT _____ UNIT# _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

To be completed by District Executive:	To be completed by Council/District staff at card turn-in:
Number of youth registered in unit: _____	Checks: \$ _____
Number of youth likely to be going to camp: _____ <i>(Day Camp, Webelos Resident Camp, Scouts BSA Resident Camp)</i>	Cash: \$ _____
Number of cards to be issued to unit: _____ <i>(Initial allotment only: 10 cards per youth likely to be going to camp)</i>	Total: \$ _____
	Cards Sold: _____
	Cards Returned: _____
	Total Cards This Receipt: _____

I recognize that each of these cards has a cash value of \$10.00. There is no risk to our unit as long as all unsold cards are returned to the Tidewater Council office by June 15, 2020. By signing below, I recognize that our unit will be charged \$5.00 for every unreturned card.

Our unit will close out our account (money/unsold cards turned in) by June 15, 2020.

I agree to these terms: _____
Leader Printed Name

Leader Signature *Date*

Position: _____