

UNIT YOUTH SCOUT CARD RECEIPT

(For Unit Use Only)

PACK TROOP TEAM CREW SHIP POST

UNIT# _____

DATE _____

SCOUT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

PHONE NUMBER _____

Camp Cards Issued

Number of cards issued _____

To be completed upon card turn in

Checks \$ _____

Cash \$ _____

TOTAL \$ _____

Cards Sold _____

Cards Returned _____

Total Cards _____

I recognize that each of these cards have a cash value of \$5.00. By signing, I acknowledge that I will be charged \$2.50 for every unreturned card. I will be financially responsible and pay for any damaged cards.

Money/unsold cards returned by _____.

I agree to these terms:

Parent Signature Date