

UNIT CAMP CARD CHECK-OUT FORM

(circle one)

PACK TROOP CREW SHIP POST

DATE _____ DISTRICT _____ UNIT# _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Total number of Cards Issued this receipt: _____

To be completed upon card turn in:

Checks \$ _____

Cash \$ _____

TOTAL \$ _____

_____ Cards Sold

_____ Cards Returned

_____ Total Cards this receipt

I recognize that each of these cards have a cash value of \$10. There is no risk to the unit if all unsold cards are returned to the council office by May 1, 2024. By signing below, I recognize that our unit will be charged the full price for every unreturned card after May 1, 2024. Our unit will pay for any sold cards and return unsold cards.

I agree to these terms (print name): _____ Date: _____

Leader Signature: _____