

UNIT CAMP CARD RECEIPT

PACK TROOP CREW SHIP TEAM POST

DATE _____ DISTRICT _____ UNIT# _____

NAME _____ Phone _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Checks	\$ _____	ADDITIONAL CARDS Number of Cards Issued _____
Cash	\$ _____	
TOTAL	\$ _____	
_____ Cards Sold		
_____ Cards Returned		
_____ Total Cards this receipt		

Unit Leader Signature _____
Scout's Parent Signature _____

I recognize that each of these cards have a cash value of \$5. There is no risk to our unit as long as all unsold cards are returned to the Council by May 10th. By signing below I recognize that our unit will be charged \$2.50 for every unreturned card.

Our unit will close out our account (Money/Unsold Tickets turned in) by May 10, 2010..

I agree to these terms: _____