

# UNIT YOUTH ADVENTURE CARD RECEIPT

(For Unit Use Only)

UNIT#\_\_\_\_\_

PACK

TROOP

CREW

SHIP

POST

SCOUT NAME\_\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ ST\_\_\_\_\_ ZIP\_\_\_\_\_

EMAIL\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_

Number of cards issued \_\_\_\_\_

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

I agree with these terms:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

To be completed upon card turn in

Checks \$\_\_\_\_\_ Total Cards issued \_\_\_\_\_

Cash \$\_\_\_\_\_ Cards Sold \_\_\_\_\_

TOTAL \$\_\_\_\_\_ Cards Returned \_\_\_\_\_

Money/unsold cards returned by \_\_\_\_\_, Date \_\_\_\_\_.