

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 _____.