



YOUTH CAMP CARD RECEIPT

(Scout Parent to turn into Unit Camp Card Chair)

Circle One PACK TROOP CREW

Unit #: _____ District: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

To be completed upon card turn-in

Checks \$ _____

Cash \$ _____

Total \$ _____

_____ Cards Sold

_____ Cards Returned

_____ Total Cards

Total Number of Cards Received

I recognize that each of these cards have a cash value of \$5. There is no risk to our unit if all unsold cards and/or money are returned to the Jersey Shore Council no later than June 30. By signing below, I recognize that our unit will be charged \$3.00 for every unreturned card.

Our unit will close out our account (money/unsold cards turned in) by _____

I agree to these terms: _____ Date: _____
Parent Signature

Name of Scout: _____

Note: All unsold Camp Cards must be returned to our unit by _____ . This will allow our unit to reconcile our account with the Jersey Shore Council by June 30