Camp Card
Return Slip

(This form must be used for EVERY person and/or unit returning cards.)

Unit Type: Pack ____ Troop ____ Crew ____ Post ____ Ship ____

Unit Number: ______________

Name of Person Returning Camp Cards: ______________________________

Phone #: ______________________

Email: __________________________

Number of Cards Returned: _____________ Date: ________________

By Signing below, both parties acknowledge that the Camp Cards returned have been counted and the number listed above is accurate.

_____________________________ Unit Representative Signature

_____________________________ Council Representative Signature

Notes (if any):

__________________________________________________________________