

# LAST FRONTIER COUNCIL STOREFRONT RESERVATION FORM

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**Unit**

**District**

**Location Name**

**Location Address**

**Location City**

**Zip code**

**Date & Time of Sale**

**Manager Signature**

**Date**

**Council Approval**

**Date**

*Email form to [LFCPopcornKernel@gmail.com](mailto:LFCPopcornKernel@gmail.com) and CC [Blake.Jones@scouting.org](mailto:Blake.Jones@scouting.org)  
Form will be returned to you with Council signature if approved.*