



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):

