

Camp Card Program— Parent Checkout Form

Golden Spread Council

Complete and return this form now: PLEASE Print.

COUNT YOUR CARDS !!!

Before you leave your Camp Card Kickoff meeting, verify the number of Cards in your packet, record the total, and sign below.

District: _____ Date: _____

Unit: Pack # _____ Troop # _____ Crew # _____ Post # _____

Parent Information Below:

Parent Name: _____

Phone: (____) _____ / (____) _____
(Day) (Night)

E-mail: _____

Total Cards issued (Card #____/____ Card #____/____) Total Cards _____

Total value of Cards received (# of cards received X \$5.00) \$ _____

Signature of Parent receiving Cards:

Please Print Name _____

Unit # _____  **COUNT YOUR CARDS!!!**

Remember - Cards are just like money. Each card you receive represents \$5.00 and must be accounted for at the end of the selling period or at your final turn in, by _____ **NO LOST CARDS.**

Total Cards issued _____ Cards

Total value of Cards received (# of cards received X \$5.00) \$ _____

Our Unit Card Card Coordinator is:
Contact Info:



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