

FAMILY ADVENTURE CARD RECEIPT

(Scout Parent to turn in to Unit Sale Leader)

PACK TROOP CREW SHIP LAB POST

DATE _____ DISTRICT _____

UNIT# _____

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

Cards Issued	To be completed upon card turn in	
Total number of Cards issued on this receipt _____	Credit Cards	\$ _____
	Checks	\$ _____
	Cash	\$ _____
	TOTAL	\$ _____
	_____ Cards Sold	
	_____ Cards Returned	
	_____ Total Cards this receipt	

I recognize that each card has a cash value of \$10. ***There is no risk to you if unsold cards are returned to the unit by _____.*** By signing below, I recognize that I will be charged \$10.00 for every unreturned card.

I will return all unsold cards and money collected to my unit by _____.

I agree to these terms:

Parent Signature

Date:

Name of Youth (if applicable): _____

Please ask your unit card chair for details on how these funds will be used.

