

UNIT CAMP CARD ORDER & TRACKING FORM

(District Executive: Please return this form to the Camp Card Staff Advisor)

DATE _____

DISTRICT _____

(One unit per form)



UNIT TYPE & #: _____

CAMP CARD CHAIR CONTACT INFO:

NAME: _____

PHONE: (_____) _____

EMAIL: _____

To be completed by District Executive & Leader at February Roundtable:

Number of youth registered to unit: _____

Number of youth likely to attend camp: _____
(Day Camp, Scouts BSA/Venturing Resident Camp, High Adventure)

Number of cards to be issued to unit: _____
(Initial allotment only – 10 cards per youth likely going to camp)

Cards will be available for pick-up in your district no later than March 5th. Your unit will be notified about pick-up details when the cards arrive from the manufacturer.

***5 free cards given to the unit for each 100% paid contract with no returned cards on a 100 order minimum**

To be completed by Council/District staff At card turn in:

Checks: \$ _____

Cash: \$ _____

Total: \$ _____

Cards Sold: _____

Cards Returned: _____

Total Cards This Receipt: _____

5 cards given to unit upon payment* _____

Registered Committee Chair or Unit Leader (Cubmaster/Scoutmaster/Advisor)

I recognize that each of these cards have a cash value of \$10. There is no risk to our unit as long as all unsold cards are returned to the Council office by May 7, 2026. By signing below, I recognize that our unit will be charged \$5.00 for every unreturned card sold.

Our unit will close out our account (money/unsold cards turned in) by May 7, 2026.

I _____, _____ agree to these terms.

(Leader Printed Name)

(Leader Position)

Signature _____

Date: _____