SCOUT SHOP UNIT FILE

Unit Number:
Pack #____ Troop #____ Team #____ Crew #____ Post #____
District: 1___ 2___ 3___ 4___ 5_____
TWIN RIVERS CALUSA OSCEOLA SKYWAY EXPLORING

PLEASE PRINT:
Committee Chairman: _____
Address: _____City_____Zip_____
Phone Number: H_____W_____

Unit Leader: _____(Circle Title)
Cubmaster/Scoutmaster/Crew Advisor/Team Advisor/Post Advisor
Phone number: H_____W_____

To restrict your account, please list the names of only those persons who will be authorized to charge purchases to your unit account. Type or print and limit to four persons.

1. _____
2. _____
3. _____
4. _____

SIGNATURES: Two signatures of committee members are required:

_____ POSITION_____

_____ POSITION_____

OFFICE USE:
DATE RECEIVED: ___/___/___
POSTED TO FILE: ___/___/___