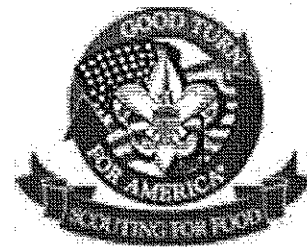


Scouting for Food

Participation & Patch Form



Please submit names of each Scout and adults who participated in the Scouting for Food Campaign

District _____

Pack _____

Troop _____

Crew _____

Scout Participation

Adult Participation

Number of Items

Collected: _____

Food taken to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Please submit form:

To either Council Service Center

By fax: 717.795.8721

Or by e-mail to Sarah Sheaffer
sarah.sheaffer@scouting.org

Please submit by Nov 29

Unit Scouting for Food Chair

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____