

# Scouting For Food Collection Participation & Patch Form



Please submit names of scouts and adults who participated in the Scouting for Food Collection

District _____	Scout Participation	Adult Participation
Pack _____	1. _____	1. _____
Troop _____	2. _____	2. _____
Crew _____	3. _____	3. _____
	4. _____	4. _____
	5. _____	5. _____
	6. _____	6. _____
<b>Number of Items</b>	7. _____	7. _____
_____	8. _____	8. _____
	9. _____	9. _____
<b>Drop Off Location</b>	10. _____	10. _____
_____	11. _____	11. _____
<b>Please submit to either</b>	12. _____	12. _____
<b>Council Service Center</b>	13. _____	13. _____
By fax: 717-795-8721	14. _____	14. _____
Or : Holly.Schwalm@scouting.org	15. _____	15. _____
	16. _____	16. _____
Please submit by November 27	17. _____	17. _____
	18. _____	18. _____
<b>Submit service hours online</b>	19. _____	19. _____
<b>through my.scouting.org.</b>	20. _____	20. _____

### Unit Scouting For Food Chair

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_