

CAMP CARD RETURN FORM

District: _____ Date: _____

Unit Type (check): Pack Troop Crew Unit # _____

Giving to another Unit: YES or NO: Pack Troop Crew Unit# _____

Camp Card Version	Number of Cards Returned
Harrisburg <input type="checkbox"/>	
York <input type="checkbox"/>	
Gettysburg/Hanover <input type="checkbox"/>	
Chambersburg/ Shippensburg <input type="checkbox"/>	

The unit signature confirms that the number of Camp Cards being returned is accurate and that the Unit is responsible for payment in full on or before **June 6, 2025**.

The council's signature below confirms receipt of returned Camp Cards from the Unit. If the number of cards returned differs from the quantity listed above, the Camp Card Coordinator will be notified by email.

Unit Person Returning Cards: _____
(sign)

(print)

Council Person Receiving Returned Cards: _____

This form must be turned in to Christina Stout

Please give a copy of the signed form to the Unit returning cards

