

Unit # _____ Pack, Troop, Crew or Ship District _____ Date: _____
(please circle one)

Statement Mailing Address:

Print Name Title

Address

City, State Zip

Home Phone # (_____) _____

Business Phone# (_____) _____

Approval: (Must be approved by the CC & CR)

The signors listed on the back side of this card are authorized to charge Scouting related merchandise from the Scout Shop and Trading Post as well as charge for Registration / Boys Life, Council, district Camping Activities Programs.

Chartered Organization Rep:

Print Name: _____ Signature: _____

Committee Chair:

Print Name: _____ Signature: _____

Authorize to Sign on Account

1.	_____	_____
	Signature	Phone #
	_____	_____
	Print Name	Title

2.	_____	_____
	Signature	Phone #
	_____	_____
	Print Name	Title

3.	_____	_____
	Signature	Phone #
	_____	_____
	Print Name	Title