

JOIN SCOUTING NIGHT - REPORT ENVELOPE

UNIT NUMBER: _____

SCHOOL _____

SCHOOL PRESENTER:

LEADER'S NAME _____

Arrowhead	
Sycamore	
Wanchanagi	
Wetassa	
White Eagle	

REGISTRATION PERIOD: _____ **Months**

PRO-RATED YOUTH REGISTRATION FEE: \$ _____

PRO-RATED ADULT REGISTRATION FEE: \$ _____

PRO-RATED BOYS' LIFE SUBSCRIPTION FEE: \$ _____

RECEIPT

F E E S S U B M I T T E D T O J O I N S C O U T I N G N I G H T R E G I S T R A R

ENCLOSED IS \$ _____ TO REGISTER _____ YOUTH.

ENCLOSED IS \$ _____ TO REGISTER _____ ADULTS.

ENCLOSED IS \$ _____ TO PAY FOR _____ SCOUT LIFE SUBSCRIPTIONS.

ENCLOSED IS \$ _____ TO PAY FOR _____ NEW MEMBER JOINING FEES.

TOTAL AMOUNT SUBMITTED: \$ _____

INCLUDE THE FOLLOWING ITEMS IN THE ENVELOPE:

- Youth applications and registration fees
- Adult applications and registration fees
- Join Scouting Night Attendance Forms

Name: _____

Signature: _____

District Professional Initials