



WE OWN ADVENTURE

NATIONAL CAPITAL AREA COUNCIL, BSA

2024 NCAC Extended Scout Card Sale Request Form & Receipt

Unit Information:

Unit Type: Pack , Troop , Crew , Ship , Post

Unit #: _____ District: _____

of Cards requested: _____ x \$3.00 = (Total Dollars): \$ _____

Unit Camp Card Key Contact Leader:

Name: _____

Position in Unit: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____

E-Mail Address: _____

Camp Cards Issued at purchase.	To be completed at purchase:
<p>Total number of Cards sold this receipt:</p> <p>_____ x \$3.00 = \$ _____</p> <p>70% Commission to Unit</p>	<p>Check N. _____ \$ _____</p> <p>Cash _____ \$ _____</p> <p>TOTAL PAID \$ _____</p>

I accept receipt of the cards noted above and that each has a cash value of \$10.

I agree to these terms: _____ Date: _____
(Leader Signature)

Position: _____

Return to: campcard@ncacbsa.org