

SGOUTINGE FOOD

PLEASE SUBMIT ONE FORM PER CAMPAIGN. IF MULTIPLE UNITS WORKED TOGETHER, SUBMIT ONE FORM LISTING ALL.

## DISTRIBUTION DAY - DATE: UNIT POINT OF CONTACT: \_\_\_\_\_ UNIT CONTACT PHONE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ ALL UNIT TYPES/NUMBERS: CITY/COUNTY: # REGISTERED # REGISTERED # OTHER # BAGS/FLYERS SCOUTS **ADULTS** PARTICIPANTS DISTRIBUTED COLLECTION DAY - DATE: UNIT POINT OF CONTACT: \_\_\_\_\_ UNIT CONTACT PHONE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ ALL UNIT TYPES/NUMBERS: CITY/COUNTY: # REGISTERED # REGISTERED # OTHER SCOUTS **PARTICIPANTS ADULTS** # OF FILLED BAGS COLLECTED TOTAL WEIGHT OF ALL FOOD PICKED UP