

SCOUNTING 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

PLEASE SUBMIT THIS FORM TO <u>Scoutingforfood@michiganscouting.org</u> by Monday, november 24, 2025