

Scout Shop Account Form

Charter Year Ending _____

Pack _____ Troop _____ Post _____ Ship _____ Crew _____

The following individuals have authorization to make withdraws from our unit scout shop account during this recharter year. I also understand that any changes for authorization must be made in writing to the Bay Area Council Service Center.

I understand that any applications that come in without funds accompanying will be debited from our unit account.

1. Name _____

Address _____

Phone # _____

Position _____

2. Name _____

Address _____

Phone # _____

Position _____

3. Name _____

Address _____

Phone # _____

Position _____

Unit Authorization _____

(Signature of unit leader OR committee chair AND position)

Office Use Only	Re-charter Acct. #	Scout Shop Acct. #
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