



FLYER ORDER FORM

School Night for Scouting

PACK #: _____ NUMBER OF FLYERS: _____

SCHOOL NIGHT DATE: _____

STARTING TIME: _____

SITE: (school, church, etc.) _____

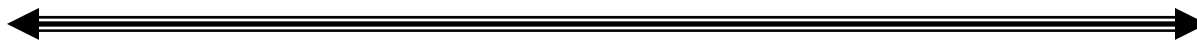
LOCATION: (e.g. school library) _____

STREET ADDRESS: _____

COMMUNITY: _____

CONTACT NAME: _____

CONTACT PHONE #: _____



Date Order Received By Scout Service Center: _____

Date/Time Flyers Will Be Picked Up by District Executive: _____

Date/Time of Boy Talk: _____



Notes: