

UNIT CHAIRMAN REPORT

Please complete the following information and bring with the completed charter application. The information will help your unit as the Council plans for 2011 events. Your cooperation is appreciated.

District _____ Unit Number _____ Pack/Troop/Crew/Varsity
(Circle one)

Friends of Scouting Chairman

Name _____

Address _____ City _____ Zip _____

Phone _____ Evening Phone _____

E-mail Address _____

Unit Expo Chairman

Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

E-mail Address _____

Unit Membership Chairman

Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

E-mail Address _____

Unit Popcorn Chairman

Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

E-mail Address _____

Training Chairman

Name _____

Address _____ City _____ Zip _____

Day Phone _____ Evening Phone _____

E-mail Address _____