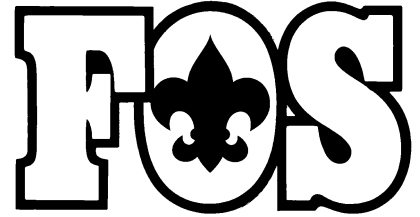




____ **YES! Our unit will support the
annual Family Enrollment plan**



Check one: Pack Troop Team Crew Ship

Unit Number: _____

Your Name: _____

E-Mail: _____

Telephone: daytime: _____

evening: _____

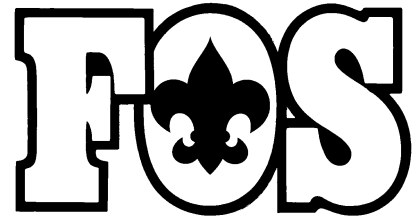
Unit Family Enrollment Chairman: _____

Date of Family Enrollment: _____

Please check if this date is: Tentative _____ Confirmed _____



____ **YES! Our unit will support the
annual Family Enrollment plan**



Check one: Pack Troop Team Crew Ship

Unit Number: _____

Your Name: _____

E-Mail: _____

Telephone: daytime: _____

evening: _____

Unit Family Enrollment Chairman: _____

Date of Family Enrollment: _____

Please check if this date is: Tentative _____ Confirmed _____