

**UNIT ADVENTURE CARD ACTION PLAN
and Unit Agreement**

District: _____	Pack Troop Crew Post	Unit Number: _____
Unit Chair Name: _____	Phone: _____	
Email: _____		
Unit Card Goal # _____	Booth at SOR: <input type="checkbox"/> NO <input type="checkbox"/> YES (Fill out booth layout form, find online at ocsa.org/scout-o-rama)	
Per Scout Goal # _____	<input style="width:50px;" type="text"/> Number of cards needed	
# Scouts Selling: _____	Unit Chair Signature*: _____	
<i>* I understand that our Unit is responsible for all payments due for cards sold including those lost or not returned.</i>		

Unit Sale Timeline

Unit Kickoff Date: _____ **Time:** _____ **Location:** _____

Unit Adventure Card timeline: **Start:** _____ **End:** _____

Distribution and Sales Plan (cards will be available for pickup on Saturday, March 16)

Date we will had out cards to our Scouts: _____ Who will give out the cards: _____

Cards we will give to each Scout: _____

Booth Information:

Date: _____	Location: _____	Times: _____
Date: _____	Location: _____	Times: _____
Date: _____	Location: _____	Times: _____
Date: _____	Location: _____	Times: _____
Date: _____	Location: _____	Times: _____
Date: _____	Location: _____	Times: _____

add more booths as needed

Card/ Money Turn-Ins (1st Council Turn-In: April 11 / Final Council Turn-in: May 9)

1st Turn In Due: _____ Location: _____ Time: _____

Final Turn In Due: _____ Location: _____ Time: _____

Communication and Recognition (Prizes will be available June 13)

We will recognize our Scouts and hand out any prizes earned on:

Date: _____ Location: _____ Time: _____

*****Share this form with all your Scout families*****