

# 2025 Camp Card Closeout Sheet

Community/School District:	Name:
Email:	Phone:

	Unit Type & Number:	Unit Type & Number:	Unit Type & Number:
<b>Cards Checked Out:</b>			
<b>Youth Selling (Estimate):</b>			
<b>Cards Sold:</b>			
<b>Cards Returned:</b>			
<b>Balance Due to Council</b> (Cards Checked out – Cards Returned x5):			

**Total  
Due**

Please Provide Shirt Size: \_\_\_\_\_

**Total Payment: \$** \_\_\_\_\_

**Remaining Balance: \$** \_\_\_\_\_

**Processed By:**

**Council Staff Name:** \_\_\_\_\_

**Council Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Unit Representative Name:** \_\_\_\_\_

**Unit Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

