

**2023 EXPLANATION FORM FOR
ANY LOST OR DESTROYED CAMP CARDS**

TO: Coastal Georgia Council

FROM: PACK TROOP CREW SHIP POST

DATE _____ DISTRICT _____ UNIT# _____

NAME _____ POSITION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ BEST PHONE _____

Email (please print) _____

I AM SORRY THAT THE FOLLOWING CAMP CARDS WERE LOST OR DESTROYED:

NUMBER OF CARDS LOST: _____

NUMBER OF CARDS DESTROYED: _____

PLEASE STATE HOW THESE CARDS WERE LOST OR DESTROYED:

SIGNED: _____ SIGNED: _____

PARENT

UNIT LEADER