

2025 UNIT INFORMATION

Fill in each field with the individual assigned and return with your Recharter Packet

Unit Type: _____ Unit Number: _____

REGULAR UNIT MEETING INFORMATION

Day of the week: _____ Start time: _____

Frequency of meeting (weekly, bi-weekly): _____

Meeting Location: _____

Address: _____

RECRUITMENT COORDINATOR

Name: _____

Email: _____

PRODUCT SALE COORDINATOR

Name: _____

Email: _____

PROGRAM COORDINATOR

Name: _____

Email: _____

FRIENDS OF SCOUTING (FOS) PRESENTATION INFORMATION

Preferred Presentation Date: _____

Special Event (Blue & Gold, Court of Honor): _____

FOS UNIT CONTACT

Name: _____

Email: _____

Phone: _____