

Unit #: _____ Town: _____

Name of person filling out this request form:

Phone: _____

Email: _____

Number of Flyers needed: _____

Date Flyer is needed: _____

NOTE: Flyer requests need to be submitted 7-10 DAYS prior to your Join Scout Night to allow time to get School Superintendent approval.

**“Join Scout Night”
FALL 2011
Flyer Request Form**

Please submit requests by Sept. 9th.

INFORMATION NEEDED TO PRODUCE YOUR FLYER

Date of Join Scout Night: _____ (Date should be between Sept. 1st - October 31st)

Time: _____

Location Name: _____

Street Address: _____

Name of Contact to be listed on the Flyer: _____

Contact Telephone Number: _____

Contact Email: _____

Unit Website: _____

This information will be used for the **Front** of the Flyer. If you have additional information for the **Back** of the Flyer please send it via email in MS Word or PDF format, or mail a hard copy to your district executive.

Special Instructions: _____

If you are distributing flyers to another school or location (other than the one listed above) please list the school names and number of additional flyers needed for each:

School Name: _____ Number of flyers _____

School Name: _____ Number of flyers _____

To Submit your form: **FAX TO: 732-536-2850**

Mail to: **“JOIN SCOUT NIGHT”** Monmouth Council, BSA
705 Ginesi Drive, Morganville, NJ 07751

Questions? Call: 732-536-2347