Recruitment Support Request

Allow 5 Business Days for Processing

Spring / Fall (circle)		
Date Requested/ Date Needed/ Time ne	eded by:am / pm	
Form Completed by Job Completed Date / Time		
Units submitting their own forms — email them to joann.parker@scouting.org or fax 510.577.9002		
THIS SECTION FOR COUNCIL APPROVAL ONLY:		
Cub Scouts District Exec	District	
Boy Scouts Approval Required (1000 & up) Approval:		
☐ Venturing ☐ Pack designed flyer, 50 max color print, or	Color Paper black print up to 1M	
English Flyers (8½ x 11) – Quantity	Please include the school district below even if you are not sending	
	on Peachjar, to hand out flyers they	
Spanish Flyers (8½ x 11) – Quantity	need the disclaimer. Thank you.	
<u>Spanish flyers require more time, unless</u> <u>translation is provided by your unit.</u> *	PEACH JAR – E Flyer	
	School District-	
Bilingual Flyers* (8½ x 11) – Quantity		
Membership Envelopes 10 x 13 Qty	(all will include district disclaimer)	
	Schools: More than 2 requires	
Invitation/Postcard Qty	DFS approval	
Boys' Life Mini Mags Qty		
Yard Signs - Qty		
Youth Application – Qty A	dult Application – Qty	
New Parent Guide – Qty	ew Den Leader Kits - Qty	
Church Bulletin Insert (8 ½ x 11 half sheet) Qty	UNIT NUMBER	
.pdf needed, send to		

BE SURE TO COMPLETE RECRUITING MESSAGE ON BACK!!!

RECRUITING MESSAGE:

Section 1:		
All boys grades	or-	es
Join Cub / Scout / Venturing – Scout	Pack / Troop (number)	
**(Day)	, (Date), (Tin 9/2/16 will be written out September 2	ne)
(Name of School or Meeting Place)		
(Address of School or Meeting Place))	
Section 2:		
\$ covers BSA membership & Boys' Life magazine (months).		
\$covers BSA membership, Boys' Life magazine and unit dues (months).		
Section 3:		
For more information contact (name)		at
Cell phone ()	email	
Additional Text:		

**List a specific event such as Kick Off Night, or your Pack meetings such as 3rd Wednesday of each month.