



My Scout Popcorn Campaign

Parent Information Sheet

Group Name: _____

IMPORTANT DATES

Our Scout Popcorn sale will begin on: _____

Our Scout Popcorn sale will end on: _____

Group Popcorn Kickoff: _____

Date: _____

Time: _____

Location: _____

Money turn in date: _____

Scout Popcorn Pickup Date: _____

Pickup Location: _____

GOALS TO HELP PAY FOR A GREAT SCOUTING PROGRAM!

Our Group's Scout Popcorn fundraising goal is: \$ _____

Each Scout's fundraising goal is: \$ _____

Our Group plans to use the money we raise to do the following activities:

1. _____

2. _____

3. _____

HAVE QUESTIONS – NEED MORE INFORMATION?

We can help you prepare for the sale and can answer any questions you have.

Contact: _____

Email: _____ Phone: _____

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