## JOIN SCOUT NIGHT INFORMATION

Your District needs this information to support your unit recruiting efforts! Please fill out as completely as possible.

Unit Number:	
(Skip to "Girl Dens" if primary Jo	in Night flyer was fully completed online prior to kickoff)
Date of Join Scouting N	ight:
Day of the week:	
Time of the JSN:	
Location of JSN:	
Room location (i.e. gym, ca	feteria, etc.):
Contact Name:	
Contact Phone with area c	ode:
Contact Email:	
Date of Scheduled School	ol Talk:
School Open House Nig	ht: (Unit should attend)
(Girl dens?) Yes	No
Follow Up Join Nights:	
(Best Practice Tip: Use time 30 minutes price	or to your September and October Pack meetings or events.)
$2^{ m nd}$ $ m Join~Night$ (if not using Pac	ek meeting/event)
	Time:
Location:	
September Pack Meeting:	
Date:	Time:
Location:	
October Pack Meeting:	
Date:	Time:
Location:	

Reminder...your flyers are provided to you at no cost thanks to the generous donors in the Friends of Scouting Campaign. Please contact your District Professional to request your flyers today!