

Pack School Night Flyer Order Form

Pack: _____

Town/School: _____

School Night Pack Contact:

Name: _____ Pack Position: _____

Phone: _____ E-Mail: _____

Number of flyers needed: _____ Date needed: _____

Your flyer will be printed as follows: (please insert needed information)

Cub Scout Pack _____ invites you to join the FUN!

All boys and their parent(s)/guardian(s) are welcome to attend our meeting on

(day) (date) (time)

at _____

(location)

For more information contact _____

(name) (phone)

Date for Next Meeting:

Date: _____ Time: _____ Location: _____