



Simon Kenton Council, BSA
Scouting For Food – 2009

Patch Order Form

Must be returned with payment to Simon Kenton Council office by:
October 9, 2009

Unit Number _____ Pack _____ Troop _____ Crew _____ Ship _____

District Name: _____

Unit Contact Person: _____

Email: _____ Phone: _____

Number of Council Shoulder Patches _____ X \$5.00 = \$ _____

Number of Participation Patches _____ X \$2.00 = \$ _____

Total Patches Ordered _____ Total \$ _____

Payment Options (please circle):

Cash (enclosed)

Check (Simon Kenton Council)

Credit Card Visa Mastercard AmExp

Name on Card: _____

Card Number: _____ Exp Date: _____

Patches will be available for pick-up at November Roundtables

Please Return To:
Simon Kenton Council
1901 E. Dublin-Granville Rd.
PO Box 29207
Columbus, OH 43229
Fax: 614-436-7917
Email: jkoma@skcbsa.org