

San Francisco Archdiocese Catholic Scouting  
Reimbursement of Uniforms/Supplies Request

Name of Scout : \_\_\_\_\_

Name of Parent : \_\_\_\_\_

Address : \_\_\_\_\_

Phone # : \_\_\_\_\_

Unit or Troop # : \_\_\_\_\_ Amount : \$ \_\_\_\_\_

Please check one :

\_\_\_\_\_ Girl Scout      \_\_\_\_\_ Cub Scout      \_\_\_\_\_ Boy Scout

\_\_\_\_\_ Venture Crew      \_\_\_\_\_ Campfire

Parish : \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please attach receipt and mail to:

Amanda George  
The Archdiocese of San Francisco  
Catholic Scouting Committee  
1 Peter Yorke Way  
San Francisco, CA 94109

Questions: 415-614-5595