

**Scouts Canada**  
Central Ontario Service Centre  
Serving Central Escarpment, Greater Toronto & Shining Waters and White Pine Councils  
10 Kodiak Cres Unit 120, Toronto M3J 3G5

Receipt

Group Name: \_\_\_\_\_ Name of Program: \_\_\_\_\_

Payer  
(Full Name): \_\_\_\_\_

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

Participant Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

Amount Paid: \_\_\_\_\_ /00 Dollars Eligible Amount: 100 %

Date Received: \_\_\_\_\_ Authorized Representative: \_\_\_\_\_

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