## Scouts Canada

Receipt

## Central Ontario Service Centre

## Serving Central Escarpment, Greater Toronto & Shining Waters and White Pine Councils 10 Kodiak Cres Unit 120, Toronto M3J 3G5

Group Name:	Name of Program:				
Payer (Full Name):					
Address:					
Participant Nan	ne:	_	Year of Birth		
Amount Paid:		/00 Dollars	Eligible Amount:	100 %	
Date Received:	Authorized Representative:				
	Central Cerving Central Escarpment, Greater	couts Canada Ontario Service Cent	re Waters and White Pine	Receipt	
Group Name:		Name of Program:			
Payer (Full Name):					
Address:					
Participant Nan	ne:		Year of Birth		
-			Eligible Amount:	100 %	
	Authorized Representative:				
	Central Cerving Central Escarpment, Greater	Couts Canada Ontario Service Cent Toronto & Shining V es Unit 120, Toronto M3.	Waters and White Pine	Recelpt Councils	
Group Name:	Name of Program:				
Payer (Full Name):					
Address:					
Participant Nan	me: Year of Birth				
Amount Paid:		/00 Dollars	Eligible Amount:	100 %	
Date Received:		Authorized Representative:			