



PHOENIX DISTRICT
SAM HOUSTON AREA COUNCIL

JOURNEY TO EXCELLENCE SILVER AWARD

Unit Committee Contact Information Form

Unit Type: _____ **Unit Number:** _____

Committee Chair	
Name	
Cell Phone	
Home Phone	
E-mail	

Unit Leader (Cubmaster, Scoutmaster, Crew Advisor)	
Name	
Cell Phone	
Home Phone	
E-mail	

Membership Chair	
Name	
Cell Phone	
Home Phone	
E-mail	

Training Chair	
Name	
Cell Phone	
Home Phone	
E-mail	

Advancement Chair

Name	
Cell Phone	
Home Phone	
E-mail	

Health & Safety / Risk Management Chair

Name	
Cell Phone	
Home Phone	
E-mail	

Outdoor Chair

Name	
Cell Phone	
Home Phone	
E-mail	

Fundraising Chair

Name	
Cell Phone	
Home Phone	
E-mail	

Treasurer

Name	
Cell Phone	
Home Phone	
E-mail	

Secretary

Name	
Cell Phone	
Home Phone	
E-mail	

Unit Religious Emblems Coordinator

Name	
Cell Phone	
Home Phone	
E-mail	

Scout for Food Coordinator

Name	
Cell Phone	
Home Phone	
E-mail	

Scout Fair Coupon Books Coordinator

Name	
Cell Phone	
Home Phone	
E-mail	

Unit Popcorn Kernel

Name	
Cell Phone	
Home Phone	
E-mail	

Unit FOS Ambassador

Name	
Cell Phone	
Home Phone	
E-mail	

Unit District Day Camp Coordinator

Name	
Cell Phone	
Home Phone	
E-mail	

Charter Organization Information & Representative (COR)

Organization Name	
Address	
COR Name	
Cell Phone	
Home Phone	
E-mail	

Unit Meeting Information

Unit Meeting Location	
Unit Meeting Day(s) / Time	
Leader Meeting Location	
Leader Meeting Day(s)	