Cooperative Council of NC

Scouting Patch Program Interest Sheet

Group Information

Leader Name: _____
First *Last*

Leader Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: ( ) _____ Email Address: _____

Type of Troop: _____

Troop Number: _____ Location of Troop (City, State): _____

Group Interest Information

We strive to set up groups at the location, time and date requested. Sometime we will need to suggest dates and times due to the fact that Cooperatives are businesses and need to make sure they have staff available. Please allow us at least a week to process your request as well as two weeks after for the first suggested date. Some of our Co-ops have pre-selected days and times that work best which include weekdays between the hours of 2pm and 4pm.

Type of Coop requested

☐ Electrical Cooperative ☐ Retail/ Grocery ☐ Farm or Agricultural

☐ Credit Union ☐ Telephone Cooperative ☐ CCNC Office (Raleigh)

Date and Time Preference:

1st: _____

2nd: _____

Number in Group: _____ Age Range: _____

People together are stronger

Please return by email to: info@CCNC.coop
Mail it in by sending it to: CCNC, PO BOX 10426, Raleigh NC 27605
For questions or concerns, please call us at 919-834-5544