2026 POPCORN REPLENISHMENT SHEET (PLEASE PRINT)

DISTRICT/ UNIT: _____

ALGONKIAN		**PACK #**
NATIVE TRAILS		**TROOP #**
LINCOLN HERITAGE		**CREW #**

Unit Kernel/ Contact Name: _____

Contact Phone #: _____

ADDITIONAL POPCORN PICKED UP:			
#CASES	**#CONTAINERS**	**CONTAINERS / CASE**	
		6/ case	Microwave Popcorn
		12/ case	Salted Caramel Popcorn
		12/ case	White Cheddar Popcorn
		12/ case	Sea Salt Popcorn
		12/ case	Sweet & Salty Kettle Popcorn
		12/case	Chocolatey Pretzels **TAKEORDER ONLY
		12/ case	Honey Roasted Peanuts **TAKEODER ONLY

NOTES:

SIGNATURE OF RECEIPT OF PRODUCT: _____ **DATE:** _____

DATE ENTERED: _____ **STAFF MEMBER:** _____