

INFORMATION SHEET
FOR
EAGLE SCOUTS PROJECTS

Name of Eagle Scout _____ Troop _____

Charter Membership Partner _____

City/Town _____

Parents Names _____

Number of Adults and Scouts who assisted _____ Total Hours _____

BRIEF SYNOPSIS OF EAGLE PROJECT:

Please attach a picture of the youth. It will be returned to the Troop.

Submitted by: _____

District: _____

Please return to Gamehaven Council
Boy Scout of America
1124 11 ½ St. SE
Rochester, MN 55904