

**INFORMATION SHEET FOR EAGLE SCOUT PROJECTS**

Name of Eagle Scout \_\_\_\_\_ Troop \_\_\_\_\_

Charter Membership Partner \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

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 Scouts of America  
607 E Center St.  
Rochester, MN 55904



**GAMEHAVEN COUNCIL**  
Boy Scouts of America