

SHOAL CREEK

LIVING HISTORY MUSEUM



Shoal Creek Living History Museum Eagle Scout Project

Date: _____

Name of Prospective Eagle Scout: _____

Address: _____

Home Phone: _____ Other/Cell: _____

Troop Number and Location: _____

Project: _____

Date of Start of Project: _____

Expected Finish Date: _____

Signature of Scout: _____

Signature of Parent: _____

** Scout will need this form; letter of approval from Shoal Creek Association; Scout Troop approval letter and the final approval from the North Star Eagle Scout Committee. Any donations for project must be accompanied by a letter of donation.

Shoal Creek Living History Museum Contact Person: _____

Phone: _____



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