

GATHERING OF EAGLES

EAGLE SCOUT INFORMATION

AGE: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

TROOP #: _____

CHARTERED ORGANIZATION: _____

SCOUTMASTER'S NAME: _____

PARENTS' NAMES: _____

Guests who will be joining you @\$27.00 each _____

CAREER INTERESTS: _____

1. _____

2. _____

EAGLE SCOUT PROJECT (brief description): _____

NAME OF HIGH SCHOOL: _____ GRADE: _____

HIGH SCHOOL ACTIVITIES: _____

COLLEGE ATTENDING: _____

HOBBIES: _____

Sounds like a great program. Count me in. (Gathering of Eagles, March 18, 2008 @ 6:30 p.m.)

Sorry, but I will be unable to attend due to _____

Please return this sheet even if you cannot attend

WE NEED TO HEAR FROM YOU!

***RETURN THIS FORM
BY MAIL OR FAX 278-9002***

***Or email to
vrobinson@mvbsa.com***

**PLEASE RETURN THIS SHEET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE BY JANUARY 15, 2008.
FAX TO 937-278-9002 OR EMAIL vrobinson@mvbsa.com TODAY. THANK YOU FOR YOUR
COOPERATION.**