



PARKS & RECREATION DEPARTMENT

ADDRESS REPLY TO:

COMMUNITY CENTER

2910 JOLLY ROAD

PLYMOUTH MEETING, PA 19462

PHONE: (610) 277-4312

FAX: (610)277-4314

www.PlymouthCommunityCenter.org

Gold/Eagle Scout Project Application

PLEASE PRINT:

Name: _____ Troop #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

School Attending: _____ Graduation Year: _____

Estimated Start Date: _____ Estimated Finish Date: _____

Parents First/Last Name: _____

Scout Leader First/Last Name: _____ Phone: _____

Email address: _____

Project Name: _____

Description of project:

By signing below, I agree to all of the guidelines and process steps outlined in the Scout Project Ideas & Guidelines Document.

Gold/Eagle Scout Candidate

Date

Parent/Guardian

Date