Camp Holiday Trails
A Camp for Children with Special Health Needs

35TH ANNIVERSARY 1973-2008

For office use:
Date_____
CHT Staff Contact:
_____

Eagle Scout Proposal

Date of Proposal: _____ Date of Completion: _____ Age of Scout: _____

Name: _____

Address: _____ Phone:_____

Email: _____Troop#: _____

Parent's Name: _____ Parent Contact Info: _____

Note: Please let us know your general timeline for completion. We need to pick projects appropriately as some have a greater urgency than others. We would appreciate you letting us know when you have presented your project to your troop, when it has been approved and when you plan to begin work as well. Emailing the camp office at campisgood@campholidaytrails.org is best. Thank you!

Project	Notes

rev. 05/08