

Troop 457 Service Project Reporting Form

Check One: Eagle ___ Patrol ___ Project Date: _____
Troop ___ O/A ___

Start Time: _____ am / pm Stop Time : _____ am / pm

Project Description: _____

Project Location: _____

Organization Benefitting from Project: _____

For all projects not benefitting the Boy Scouts of America:

Total: # of scouts: _____ scout hours: _____ # adults: _____ adult hours: _____

non scout youth: _____ # non scout youth hours: _____

Collections - # items _____ Serving Meals- # meals _____ Trees planted # _____

Please list names in alphabetical order : **Do not list scouts receiving event leadership credit**
Hours should be listed in tenths (example: 3.1 hrs = 3 hours 6 minutes)

Scout Name:	# of Hours	Scout Name:	# of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SM/ASM Approval: _____ Date: _____