

St. Luke Parish
Building & Grounds Committee
Eagle Scout Project Request Form

Today's Date: _____

Scout Name: _____

Mailing Address: _____

Phone: _____ Cell: _____

E-mail Address: _____

Troop Affiliation: _____

Summary of Proposed Project: _____

Proposed Date to begin Project: _____

Proposed Completion Date: _____

Does Your Project Require: *(please circle)*

- | | | |
|-----|----|---|
| Yes | No | Creation of a permanent structure? |
| Yes | No | Moving or removing any part of an existing structure? |
| Yes | No | The use of heavy equipment or power tools? |
| Yes | No | Permanent electrical or plumbing hook-up? |

How do you plan on funding this project: _____

I have read and understand the attached Eagle Scout Project Procedures and I will adhere to the rules and regulations outlined. If my volunteers or I do not follow the procedures, St. Luke Parish has the right to cease operations resulting in delays and possible unsuccessful completion of my project.

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ 1st Meeting: _____ 2nd Meeting: _____ Comments: _____

Date Approved: _____ Approved by: _____

Date Completed: _____ Approved by: _____