



Los Angeles Area Council
Boy Scouts of America

Eagle Project Information Sheet

Council Control Number: _____ District Control Number: _____

Name: _____ District Number: _____ Unit: _____

Address: _____

Phone: _____ Email: _____

Description of Project:

(A simple paragraph about your project)

Total Hours on Project: _____

Organization the Project was for: _____

This form is to be turned in with your Eagle Application Check Sheet. Please attach a before and after photo of your project.