

TROOP 73 SERVICE PROJECT/EVENT REPORT

Adult Event Leader:			Contact Phone:			
Scout Event Leader:			Contact Phone:			
Name of Event:			Date of Event:			
Project Type:	_ Food	Shelter	Healthy Living	Other		
Numbers: Total non-Scout youth participating			Total non-Scout youth hours			
Total non-Troop adults p	participating	Total	number of non-Troop ad	ult hours		
Project Beneficiary:				_		
Partner organization wor	rking with you?	Yes	No			
If yes, name of organiza	tion:					
Summary of project:						
event date. Use addition				Time In	Time Out	
Name	Time In	Time Out	Name	Time In	Time Out	
	1	1			Í.	

Name	Time In	Time Out	Name	Time In	Time Out