TWIN RIVERS COUNCIL, INC.

253 Washington Avenue Ext.
Albany, New York 12205-5553
(518) 869-6436 1-800-734-2721 FAX: (518) 869-6439

BOY SCOUTS OF AMERICA

Eagle Scout Reference Check Acknowledgement Form

(This form must accompany the Eagle Scout Rank Application submitted to the Twin Rivers Council for review)

Troop/Crew ____ of the _____ District hereby acknowledges that all references listed on the Eagle Scout Rank Application for Eagle Candidate, _____ have been personally contacted (verbally or in writing) by a member of the Troop Committee. Each reference has indicated no reservation concern in recommending this Eagle Candidate for the Eagle Scout Rank. Details of any reservation or concern noted are listed below.

Date _____ Troop Committee Chairman (Print Name): _____

Contact Phone Number _____ (Signature): _____

Note: References may be checked/contacted prior to completion of other Eagle Scout Rank requirements such as the Eagle Scout Leadership Service Project.

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____