



BOY SCOUTS OF AMERICA

TWIN RIVERS COUNCIL, INC.

253 Washington Avenue Ext.
Albany, New York 12205-5553

(518) 869-6436

1-800-734-2721

FAX: (518) 869-6439

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 in recommending this Eagle Candidate for the Eagle Rank.

Details of any reservation 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: _____
