MARINE CORPS LEAGUE DEPARTMENT OF FLORIDA

Eagle Scout Program
Quarterly Report Form

Date: _____

To: Vinnie Howard, Dept. of Florida Eagle Scout Liaison
921 Church St Rockledge, Fl. 32955
vlh28928@yahoo.com

From (Detachment Reporting): _____

Detachment Eagle Scout Chairperson: _____

Chairperson E-Mail: _____ Phone: _____

Subject: **Eagle Scout Certificates Presented for Quarter**

Place "X" in the Box to indicate the Quarter being reported:

- ☐ First Quarter .....2 Jun-1 Sept
- ☐ Second Quarter ….2 Sept-1 Dec
- ☐ Third Quarter .....2 Dec-1 Mar
- ☐ Fourth Quarter .....2 Mar-1 Jun

Eagle Scout's Name	Boy Scout Area Council/Troop #	Date Presented

Use 2nd page if need
Revised: 06-14-2021