



City of Claremont
SCOUT PROJECT SUBMITTAL AND AGREEMENT FORM

RECREATION AND HUMAN SERVICES DEPARTMENT
1700 DANBURY RD.
CLAREMONT, CA 91711
(909) 399-5490

COMMUNITY SERVICES DEPARTMENT
1616 MONTE VISTA AVE.
CLAREMONT, CA 91711
(909) 399-5431

APPLICANT INFORMATION

☐ Eagle Scout

☐ Gold Scout

Scout Name _____ Troop Number _____

Parent(s) Name _____

Scout's Phone _____ Parent's Phone _____

Email Address _____

SCOUT PROJECT INFORMATION

Troop Master Name/Phone _____

Scout Project Title _____

Estimated Project Dates _____

Project Description _____

☐ Check here for Staff Generated Project Request

ACKNOWLEDGMENT AND POLICY RECOGNITION

I understand all rules and regulations associated with my Scout Award Project. If the Scout or members of the volunteer group choose not to follow the rules and regulations, the City of Claremont Department Staff reserves the option of ceasing operations on this project, resulting in the unsuccessful completion of my project.

SIGNATURE _____

Date _____