



**100th Anniversary Report to the Governor of the State of NC
Nomination for Scout to Represent our County**

(Must be a East Carolina Council registered Boy Scout or Venture Scout with a complete uniform, there is no age restriction)

Scout's Name: _____

Scout's Age: _____ Scout's Rank: _____

Troop / Crew# _____ County Representing: _____

If selected, I agree to assist our nominee with the implementation and coordination of this service project and promote involvement of the troops in our county.

Signature: _____

Parent's Name: _____

Parent's Address: _____

Parent's Email: _____

Parent's cell phone: _____ Home phone: _____

Check all that apply

We will _____(or) Will not _____ Require Lodging for Self _____ and Parents_____

Scout's Service Project Idea: (Use additional sheet if necessary and describe your idea of a service project which would benefit the entire county you wish to represent which troops in that county can participate in.)

Estimated service hours: _____