

# FOR CROSSWINDS DISTRICT CANDIDATES ONLY

## Contact Information

*Eagle Scout candidates should know who is involved, but contact information may be more important to unit leaders and others in case they want to talk to each other. While it is recognized that not all the information will be needed for every project, Scouts are expected to provide as much as reasonably possible. Approval representatives must understand, however, that doing so is not part of the service project requirement.*

### Eagle Scout Candidate

Name: <b>FULL LEGAL NAME</b> Use "NMN" if no middle name)		Birth date:	
Email Address:		BSA PID number:	
Address:	City:	State:	Zip:
Preferred telephone(s):		Life Board of Review date:	

### Current Unit Information

Check One: <input type="radio"/> Troop <input type="radio"/> Crew <input type="radio"/> Ship	Unit Number:
Name of District: <b>CROSSWINDS</b>	Name of Council: <b>OCCONEECHEE</b>

### Unit Leader Check One: Scoutmaster Crew Advisor Skipper

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

### Unit Committee Chair

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

### Unit Advancement Coordinator

*(If your unit has one)*

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

### Project Beneficiary

*(Name of religious institution, school or community)*

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

### Project Beneficiary Representative

*(Name of contact person for the project beneficiary)*

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			

### Your Council Service Center Copy this verbatim into your ESSP workbook

Contact Name: <b>Tiffany Edmiston</b>	Preferred telephone(s): <b>(919) 582-0065</b>		
Address: <b>3231 Atlantic Ave</b>	City: <b>Raleigh</b>	State: <b>NC</b>	Zip: <b>27604</b>
Email Address: <b>Tiffany.Edmiston@scouting.org</b>			

### Council or District Project Approval Representative Copy this verbatim into your ESSP workbook

*(Your unit leader, unit advancement coordinator, or council or district advancement chair may help you learn who this will be.)*

Name: <b>Tom Allen</b>	Preferred telephone(s): <b>(919) 467-3608</b>		
Address: <b>1135 Bert Ct</b>	City: <b>Cary</b>	State: <b>NC</b>	Zip: <b>27511</b>
Email Address: <b>debor@crosswindsbsa.org</b>			

### Project Coach

*(Your council or district project approval representative may help you learn who this will be.)*

Name:	Preferred telephone(s):		
Address:	City:	State:	Zip:
Email Address:			