Camp Holiday Trails
A Camp for Children with Special Health Needs

35TH ANNIVERSARY 1973-2008

For office use:
Date_____
CHT Staff Contact:
_____

Eagle Scout Proposal

Date of Proposal: _____ Date of Completion: _____ Age of Scout: _____

Name: _____

Address: _____ Phone:_____

Email: _____Troop#: _____

Parent's Name: _____ Parent Contact Info: _____

Project	Notes

rev. 05/08