

United States Submarine Veterans Inc
Scouting Recognition Program
Presentation Request



Scout Being Honored

Date of Request: _____
Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Daytime: _____ Evening: _____
E-mail: _____
Name as it will appear on certificate: _____

Presentation Ceremony

Board Review Date: _____
Date of Presentation: _____ Time: _____
Location of Court of Honor: _____
Address: _____ City: _____ State: _____ Zip: _____

Contact Person

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Daytime: _____ Evening: _____
E-mail: _____

Additional Comments

Submit to the Escolar Base Eagle Scout Chair listed below by either postal mail or as an attachment to an email.

Scott M. Clippert, 118 Brewer Dr., Apt. 23B, Battle Creek, MI 49015-5811
skcssmc@gmail.com