



2019
GULF COAST COUNCIL LEADER RECOGNITION
AND EAGLE CLASS BANQUET

WHEN: Saturday, February 9, 2019 at 5:30 PM
WHERE: First Baptist Church of Pensacola, "Chipley Hall" - 500 N. Palafox Street,
Pensacola, Florida 32501
COST: \$20.00 per person - Please complete the reservation form and return to the
Gulf Coast Council Office ***NO LATER THAN FEBRUARY 4, 2019.***

HIGHLIGHTS OF THE PROGRAM INCLUDE:

2018 Class of Eagle Scouts Presentation
2018 Eagle Class Honoree
2018 Outstanding Eagle Award
Council Program and Day Camp Chairpersons
Workhorse Awards
Eagle Scout Project of the Year

2018 SILVER BEAVER AWARDS



Please make every effort to attend this great event as we recognize the work of outstanding volunteers and honor our 2018 Eagle Class.

FINANCIAL GIFTS TO HELP DEFRAY COST OF AWARDS ARE WELCOME (SEE REGISTRATION FORM). *DONORS WILL BE RECOGNIZED AT BANQUET.*

IF YOU HAVE QUESTIONS, PLEASE CALL 1 (888) 485-3272.

IF YOU PREFER TO PAY BY CREDIT CARD, PLEASE VISIT

[HTTP://WWW.GULFCOASTCOUNCIL.ORG/EVENT/2449857](http://www.gulfcoastcouncil.org/event/2449857)

OR COMPLETE THE FOLLOWING AND FAX TO (850) 476-6337

NO LATER THAN FEBRUARY 4, 2019.

Prepared. For Life.™





**2019 COUNCIL BANQUET
RESERVATION FORM
DEADLINE FOR RESERVATION
FEBRUARY 4, 2019**



2018 EAGLE SCOUT ATTENDING: _____ AT NO CHARGE

NUMBER OF PEOPLE ATTENDING: _____ @ \$20.00 PER PERSON = \$ _____

TOTAL NUMBER ATTENDING: _____ (THIS WILL REPRESENT THE NUMBER OF RESERVATIONS BEING HELD).

I UNDERSTAND THAT IN LIEU OF TICKETS, YOU WILL HAVE OUR NAMES AND CHECK US IN AS HAVING MADE ADVANCED RESERVATIONS AS WE ARRIVE. PLEASE LIST NAMES:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* I WOULD LIKE TO CONTRIBUTE A GIFT OF \$ _____ TO HELP PAY FOR VOLUNTEER AWARDS.

**PLEASE MAIL FORM AND CHECK TO:
GULF COAST COUNCIL BANQUET, 9440 UNIVERSITY PARKWAY, PENSACOLA, FL 32514**

If you have any questions, please call 1-888-485-3272.

If you would prefer to pay by credit card,
please visit <http://ww.gulfcoastcouncil.org/event/2447957> or complete
the following and fax no later than February 4, 2019 to (850) 476-6337.

NAME ON CREDIT CARD: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ 3 DIGIT V-CODE: _____

VISA/MASTER/DISCOVER #: _____ EXPIRATION: _____

EMAIL ADDRESS: _____

