

APPLICATION FOR MERIT BADGE

TROOP RECORD

Scout's Name _____

Address _____

City / State / Zip _____

Troop 28

Impessa District

Occoneechee Council

The above applicant is qualified to begin working on the _____ merit badge.

Date ____ / ____ / _____

Signature of unit leader _____

Requirement no. and letter	Date of Approval	Counselor Initial		Requirement no. and letter	Date of approval	Counselor initial	

Applicant _____ has completed the requirements for the
 _____ Merit badge on ____ / ____ / _____.

Counselor's Signature _____ Date ____ / ____ / _____

Checked and recorded

Date ____ / ____ / _____ Initials _____