



Troop 626

Application for Merit Badge Card

Applicant Information

Applicant Name: _____ Date: _____
Last First M.I.

Merit Badge Applied for: _____

Merit Badge Counselor Name: _____

Merit Badge Counselor Signature: _____

Merit Badge Counselor Contact Information

Name of Contact: _____

Title: _____ Phone: () _____

Troop: _____

Address: _____
Street Address Suite #

City State ZIP Code

Reference Comments

I agree to be the Merit Badge Counselor YES NO

When? START DATE: _____ END DATE: _____

Scoutmaster Signature: _____

Notes: