District: Sponsoring Unit Type & No: Merit Badge Day Coordinator 1:

Phone: E-mail: Merit Badge Day Coordinator 2:

Phone: E-mail: Event Location Name:

Street Address:

City: State: Zip Code: Event Date: Start Time: End Time:

Merit Badge Day Coordinator Signature: Date: District Advancement Chair’s Signature: Date:



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| **Merit Badge** | **Counselor’s Name** | **District Registered as** |
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| **Merit Badge** | **Counselor’s Name** | **District Registered as** |
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