

# Merit Badge Counselor Registration

Date Completed: \_\_\_\_\_

Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male / Female

Approval date \_\_\_\_\_

Registration # \_\_\_\_\_

Last taught \_\_\_\_\_

Dist rep \_\_\_\_\_

Troops \_\_\_\_\_ Teach outside troop Y/N

Remarks \_\_\_\_\_  
 \_\_\_\_\_

|                |  |    |  |    |  |
|----------------|--|----|--|----|--|
| Merit Badges 1 |  | 8  |  | 15 |  |
| 2              |  | 9  |  | 16 |  |
| 3              |  | 10 |  | 17 |  |
| 4              |  | 11 |  | 18 |  |
| 5              |  | 12 |  | 19 |  |
| 6              |  | 13 |  | 20 |  |
| 7              |  | 14 |  | 21 |  |