

:
BOY SCOUT'S OF AMERICA
GREAT FRONTIER DISTRICT
MERIT BADGE COUNSELOR INFORMATION

Name: _____ Age: _____

Address: _____ City: _____

Home Phone: _____ Business Phone: _____ Zip: _____

All Merit Badge Counselors must be registered with the Boy Scouts of America if you are not registered, return this completed form with Adult Application form #28-501L Please complete all questions on both forms.

_____ Current registration fee paid to: Pack _____ Troop _____ Post _____
 or as _____ Council _____ District Position _____

_____ I am registering with Boy Scouts of America as a merit badge counselor only (code 42).
 No fee required)

_____ I wish to work only with Unit _____ _____ I will work with all units

I wish to counsel the following Merit Badges and acknowledge my understanding of the requirements and regulations of the Boy Scouts of America and the Great Frontier District for counselors.

NAME OF MERIT BADGE

1 _____ 2 _____ 3 _____ 4 _____ _____	5 _____ 6 _____ 7 _____ 8 _____ _____
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Are these subjects in line with hobby, business or profession? If yes, give brief information on reverse side. If not, do you have any special training or qualifications for these subjects? If yes, give brief information on reverse side.

SIGNATURE: _____

DATE: _____

RECOMMENDED BY: _____

DATE: _____