

Pets
Merit badge
Tara Walter
Name of counselor
1206 Morganshire Dr
Address of counselor
Collierville 38017
City Zip code
(901) 414-2167
Telephone No. of counselor

Signature of counselor _____ Date _____

Checked and recorded:

Date _____ Initials _____

Certificate and badge presented _____ Date _____

Merit badge
Name of counselor
Address of counselor
City Zip code
Telephone No. of counselor

Signature of counselor _____ Date _____

Checked and recorded:

Date _____ Initials _____

Certificate and badge presented _____ Date _____

Merit badge
Name of counselor
Address of counselor
City Zip code
Telephone No. of counselor

Signature of counselor _____ Date _____

Checked and recorded:

Date _____ Initials _____

Certificate and badge presented _____ Date _____

Name Will Hendrick

has given me his completed application for the

Pets
Merit badge

Completed on 3/10/21 by
Date

Signature of counselor _____

Lynette Denzer
Signature of unit leader

Name _____

has given me his completed application for the

Merit badge

Completed on _____ by
Date

Signature of counselor _____

Signature of unit leader _____

Name _____

has given me his completed application for the

Merit badge

Completed on _____ by
Date

Signature of counselor _____

Signature of unit leader _____

Applicant Will Hendrick

Troop

Team Unit No. 56

Crew

Pets
Merit badge

Date completed 3/10/21

Remarks:

Applicant _____

Troop

Team Unit No. _____

Crew

Merit badge

Date completed _____

Remarks:

Applicant _____

Troop

Team Unit No. _____

Crew

Merit badge

Date completed _____

Remarks:

