

BLUE HILLS DISTRICT MERIT BADGE CLINIC

Troop:	
Contact Person:	Phone:
Address:	Email:

Troop Roster: Email or Print (Make as many copies as needed)

Scout:	Age:	Rank:
AM 1 st Choice	AM 2 nd Choice	
PM 1 st Choice	PM 2 nd Choice	

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AM 1 st Choice	AM 2 nd Choice	
PM 1 st Choice	PM 2 nd Choice	

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PM 1 st Choice	PM 2 nd Choice	

Scout:	Age:	Rank:
AM 1 st Choice	AM 2 nd Choice	
PM 1 st Choice	PM 2 nd Choice	

Email (preferred): tjay@bsa-cvc.org
 Phone: 715.832.6671
 Fax: 715.832.6711

Send: Chippewa Valley Council
 710 S. Hastings Way
 Eau Claire, WI 54701

Questions: Feel free to contact Michael Kloss 859-6734, Troop52@charter.net or Dave Burke

**Submit your roster and requests by no later than February 22nd.
 Classes will be filled on a first-come, first serve basis. Contact Person will be notified
 via email or phone as soon as possible after registration is completed.**