

Golden Arrow Merit Badge Fair
PERSONAL FITNESS '06

PRE-REQUISITE SIGNATURE FORM
 Please keep a copy for your records!

*Please note that this form is not necessary to enroll in class,
 But a partial will be awarded if form is not completed.*

*Submit this form to the MBF Counselor
 at the beginning of the MBF class. Thank you!*

		Complete	Not Complete
1)	Medical Examination (A)	_____	_____
	Dental Examination (B)	_____	_____
7)	Outline 12-Week Program	_____	_____
8)	Complete the Program, Retest	_____	_____

SCOUT INFORMATION

Troop # _____

Name _____

Address _____

Zip Code _____

Rank _____

Age _____

Home Phone _____

_____ This scout has personally appeared before me and demonstrated to my satisfaction that he has completed the **INITIALED** pre-requisites for this badge.

Golden Arrow District Merit Badge Fair

 Signature of Scoutmaster

 Print Scoutmaster Name

 Date

Please note: Descriptions of requirements are abbreviated on this form. You must check the **CURRENT Boy Scout Requirements** publication for the complete description of each requirement. You are expected to meet the requirements as they are stated – no more and no less. You are expected to do exactly what is stated in the requirements.