

## 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 <sup>st</sup> Choice	AM 2 <sup>nd</sup> Choice	
PM 1 <sup>st</sup> Choice	PM 2 <sup>nd</sup> Choice	

  

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Email (preferred): [tjay@bsa-cvc.org](mailto: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](mailto:Troop52@charter.net) or Dave Burke

**Submit your roster and requests before February 23<sup>rd</sup>.**  
**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.**