

October 27, 2007 Blue Hills District Merit Badge Clinic Registration

Troop: _____
Contact Person's Name: _____ Phone: _____
Address: _____
Email: _____

Troop Roster: (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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|----------------------------------|----------------------------------|-------------|
| Scout: _____ | Age: _____ | Rank: _____ |
| AM 1 st Choice: _____ | AM 2 nd Choice: _____ | |
| PM 1 st Choice: _____ | PM 2 nd Choice: _____ | |

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| Scout: _____ | Age: _____ | Rank: _____ |
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|----------------------------------|----------------------------------|-------------|
| Scout: _____ | Age: _____ | Rank: _____ |
| AM 1 st Choice: _____ | AM 2 nd Choice: _____ | |
| PM 1 st Choice: _____ | PM 2 nd Choice: _____ | |

Email, Call, or Send Troop Roster to:
Chippewa Valley Council
710 S. Hastings Way
Eau Claire, WI 54701
Phone: 715-832-6671
Fax: 715-832-6711
Email: tjay@bsa-cvc.org

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| Submit your roster before the October 24 deadline. Classes will be filled on a first-come first-served basis. Your troop Contact Person will be notified via email or phone as soon as possible concerning registration status. |
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