TEAM ADVANCEMENT FORM

DATE: _____ MAIL BADGES TO: _____

TEAM # _____ _____

DISTRICT: _____ _____

COURT OF HONOR DATE: _____ PHONE: _____

To: Council Advancement Committee

I certify that the following record of advancement is correct and that it meets the standards and requirements of the Boy Scouts of America, and that merit badge counselors are registered adult members of the BSA.

_____ _____ _____

Signed Title Board of Review Date

For Boards of Review: *Two additional signatures are required.*

_____ _____

Signed/Title Signed/Title

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Ranks

Name	Rank	Board of Review Date

Name	Code	Date	Merit Badge