

## Badge Examiner's Registration Form for New Database



Name of the Group: .....

District Group Number: .....

Date: .....

Name of Examiner with Initial	
Address	
Contact No 1	
Contact No 2	
Gender	MALE / FEMALE
Email ID	
Section	CUB SCOUT / SCOUT / ROVER
Name of Badges with Badge cord         ..... Signature of Badge Examiner	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.

Dear District Commissioner,

I kindly request that you register the above individual as a Badge Examiner of our Scout Group on the database, specifically to authorize badge assessments.

Thank you for your assistance.

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Group Scout Leader

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Principal