

 SAINTS GLOBAL

SKILL BADGE

CYCLING

Version: 2026.1

PHYSICAL

SAINT INFORMATION

NAME

MEMBER NUMBER

BATTALIONTROOP

ADVISOR APPROVAL

ADVISOR NAME

PHONE

START DATE (YYYY-MM-DD)

COMPLETION DATE (YYYY-MM-DD)

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REQUIREMENTS CHECKLIST

STEP 1: DISCOVER

☐ a. ☐ b. ☐ c.

STEP 2: PLAN

☐ a. ☐ b.

STEP 3: ACT

☐ a. ☐ b. ☐ c. ☐ d. ☐ e. ☐ f.

STEP 4: REFLECT

☐ a. ☐ b.

By signing below, I certify that all requirements were met at or above the required standards as outlined in the Badge Requirements Checklist.

ADVISOR SIGNATURE

_____ Date _____

LEADER SIGNATURE

_____ Date _____

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