SAINTS GLOBAL

SKILL BADGE

PHYSICAL

NUTRITION

Version: 2026.1

SAINT INFORMATION

NAME

MEMBER NUMBER

BATTALION

TROOP

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. ____

STEP 2: PLAN

☐ a. ____ ☐ b. ____

STEP 3: ACT

☐ a. ____ ☐ b. ____ ☐ c. ____ ☐ d. ____

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.

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_____ Date _____

LEADER SIGNATURE

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