

SAINTS GLOBAL

SKILL BADGE
RIFLE SHOOTING
Version: 2026.1

INTELLECTUAL

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. _____ c. _____

STEP 2: PLAN
 a. _____ b. _____ c. _____

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.

ADVISOR SIGNATURE _____ Date _____

LEADER SIGNATURE _____ Date _____

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