SAINTS GLOBAL

SKILL BADGE

INTELLECTUAL

SURVEYING

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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v2026.1

REQUIREMENTS CHECKLIST

STEP 1: DISCOVER

- [ ] a. ___

STEP 2: PLAN

- [ ] a. ___

STEP 3: ACT

- [ ] a. ___ - [ ] b. ___ - [ ] c. ___ - [ ] d. ___ - [ ] e. ___

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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