



Boy Scout Troop 173
Yorktown Heights, NY



Board of Review Application for the Rank of Second Class

Scout Name: _____ Date: _____

Date Joined Troop: _____ Date of Tenderfoot Scout Board of Review: _____

Troop / Patrol activities attended since previous Board of Review: (If needed you may use additional paper to complete your description.)

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Service Projects participated in since previous Board of Review: (If needed you may use additional paper to complete your description.)

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<i>This area to be filled out by the Scoutmaster and Board of Review Chairperson</i>	
Assistant Scoutmaster reviewed book that requirements were met:	_____
	Date Signature
Scoutmaster approval of Scout Spirit and Participation:	_____
	Date Signature
Participated in Scoutmaster Conference on:	_____
	Date Signature
Members of the Board of Review:	
_____	_____
Name	Name
_____	_____
Name	Name
Date of Board of Review: _____	Result of Board of Review: Passed <input type="checkbox"/> Rejected <input type="checkbox"/>
Advancement Chairperson: _____	_____
Name	Signature