Dog Scouts of America
Biking Merit Badge

Dog's Name: _____, DSA   Handler: _____

This certificate certifies that the dog and handler team above have fulfilled the requirements of this Merit Badge, according to the high standards set out by Dog Scouts of America. This dog was trained to perform the specified behaviors using positive training and the handler demonstrated the required knowledge.

Handler Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

✄   Cut at line above, keep top portion for your records, and send the bottom portion to DSA for processing.   ✄

Instructions:
1. Fill out this form completely and **legibly**. Once the badge requirements are met, the Evaluator (in-person or by Distance Evaluator) will sign the completed form certifying that you and your dog met the badge requirements.
2. Cut the form at the designated line and mail only the bottom portion to the Merit Badge Recording Secretary – Julie Benson, 30911 Jasper Ridge, Novi, MI 48377
3. Video evaluations must be sent to the Merit Badge Program Coordinator, Heddie Leger, pawzone@yahoo.com. Email submission is required for video evaluations. Contact Heddie if this is not possible.
4. Include $25 in the form of a check or money order made payable to Dog Scouts of America.
5. Optional: Include $3 for each additional patch, if any, that you would like of this badge.

BIKING Badge Form

Dog's Name: _____ DSA   Handler's Name: _____

Full Mailing Address: _____

Phone: (_____)_____ Email: _____ Troop #: _____

I would like _____ additional patches of this merit badge (I have included for $3 each)

The signatures below certify that the dog and handler team above have fulfilled the requirements of this Merit Badge, according to the standards set out by Dog Scouts of America. Signature of handler verifies that this dog was trained to perform the specified behaviors using positive training, the dog has earned the Dog Scout Title, and the handler is a current member in good standing of DSA.

Handler Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Evaluation done:
O In Person
O At Camp
O By Video

Evaluator print name: _____

For office use: ___/___/_____ Rec'd ____ Verify Membership ____ Notified of needs ____ Database Entry
___/___/_____ Mailed ____ Monthly tally ____ SM database ____ Verified Log