



Troop 10
Cooking Merit Badge Meal Feedback Form

Scout Name: _____

Adult Verification: _____

Meal Type (circle one): Home Camp Trail

Date: _____

Occasion: _____

Menu: _____

Cooking Method(s): _____

	Scout (Self)	Reviewer #1	Reviewer #2	Reviewer #3
Name				
How was the presentation (1 to 5 where 5 is best)?				
Were all items fully cooked (1 to 5)?				
Did it taste good (1 to 5)?				
Would you make/eat this again (1 to 5)?				
How could you make it better?				

Notes on Safety, etc. planning: _____
