



District/Chapter _____ Troop _____ Number of Registered Scouts _____ Number Present* _____ Number of Ballets Turned In _____ <small>* At least 50% of registered scouts must be present to hold election</small> Number of Eligible Scouts _____ Number Scouts Elected _____ <p style="text-align: center;">Submit completed form to your Chapter Election coordinator.</p>	Scoutmaster _____ Address _____ City _____ St _____ Zip _____ Phone ____-____-____ Alt Phone ____-____-____ Email _____	Order of the Arrow Troop Representative Name _____ Email _____ Phone ____-____-____ Term expires ____/____/____
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Eligible Scouts		Elected Scouts			
Name	Rank	BSA ID	Full Name	DOB mm/dd/yy	
		Street Address City, ST, Zip	email	Phone #	
		BSA ID	Full Name	DOB mm/dd/yy	
		Street Address City, ST, Zip	email	Phone #	
		BSA ID	Full Name	DOB mm/dd/yy	
		Street Address City, ST, Zip	email	Phone #	
		BSA ID	Full Name	DOB mm/dd/yy	
		Street Address City, ST, Zip	email	Phone #	
		BSA ID	Full Name	DOB mm/dd/yy	
		Street Address City, ST, Zip	email	Phone #	

I certify that the above listed Scouts are eligible and I approve them for this election.

Election Team _____

Scoutmaster's Signature

Troop will attend District OA Callout Ceremony? Y / N

Please clearly print all information. Use reverse or new page(s) for additional scouts/info. All fields are required.

Summer Camp location/dates: _____

