

Order of the Arrow
Kit-Ke-Hak-O-Kut



Boy Scouts of America
Mid-America Council

Visitation Report

Troop/Team: _____ District: _____ Date: _____

Visitation Conducted by: _____
name position

Scoutmaster

Name: _____ Phone: (____) ____ - _____

Address: _____ City, ST, ZIP _____

Email: _____ Alt Phone: (____) ____ - _____

Does the unit have an Order of the Arrow Troop Representative (OATR)? Y/N

OATR Term: _____ Trained? _____
Lodge recommends a term of at least 1 year

Name: _____ Phone: (____) ____ - _____

Address: _____ City, ST, ZIP _____

Email: _____ Alt Phone: (____) ____ - _____

OATR Adviser Term: _____ Trained? _____

Name: _____ Phone: (____) ____ - _____

Address: _____ City, ST, ZIP _____

Email: _____ Alt Phone: (____) ____ - _____

Is the unit attending the next District Camporee? _____ + _____

Where is the unit attending Summer Camp? _____

When are they attending? _____

Is the OATR aware of/attends chapter meetings? _____

Can the OA do anything to assist your unit? If so - what?: _____

Scoutmaster Signature: _____

Thank you for taking to time and completing this form with a representative of the Order of Arrow. I hope that they were helpful in answering all of your questions. If you find that you have further questions please contact us.