

## Registration Form

A copy of this form should be filled out with the Scoutmaster/Coach signature and then returned to the chapter leadership in order to establish the link between the Order of the Arrow Chapter and the Troop or Team.

<b>OA Troop/Team Representative Information</b>	
<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	
<b>City:</b>	<b>Zip Code:</b>
<b>E-mail:</b>	
<b>Phone:</b>	Ordeal / Brotherhood / Vigil ( <i>circle one</i> )
<b>Troop/Team #:</b>	Term of Office(Dates):
District:	OA Chapter:
Scouting Experience:	
OA Experience:	
<b>Scoutmaster/Coach:</b>	<b>Scoutmaster/Coach Phone:</b>
Scoutmaster/Coach E-mail:	
<b>Scoutmaster/Coach Signature:</b>	<b>Date:</b>

***Please return the completed copy to your chapter leadership.***