

<p>Chapter _____ Type/Unit # _____</p> <p># of Registered Scouts _____ # Youth Present* _____</p> <p># of Ballets Turned In _____ <small>* At least 50% of registered scouts must be present to hold election</small></p> <p># of Eligible Youth _____ # Youth Elected _____</p> <p>Submit completed form to your Chapter Election coordinator.</p>	<p>Unit Leader** _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Phone ____-____-____ Alt Phone ____-____-____</p> <p>Email _____</p>	<p>Order of the Arrow Troop Representative</p> <p>Name _____</p> <p>Email _____</p> <p>Phone ____-____-____</p> <p>Term expires ____/____/____</p>
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Eligible Youth		Elected Youth			
Name	Rank				
		BSA ID	Full name	DOB mm/dd/yy	M / F
		Street address City, St, Zip		email	Phone #
		BSA ID	Full name	DOB mm/dd/yy	M / F
		Street address City, St, Zip		email	Phone #
		BSA ID	Full name	DOB mm/dd/yy	M / F
		Street address City, St, Zip		email	Phone #
		BSA ID	Full name	DOB mm/dd/yy	M / F
		Street address City, St, Zip		email	Phone #
		BSA ID	Full name	DOB mm/dd/yy	M / F
		Street address City, St, Zip		email	Phone #

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

Signature _____ (** Crew Advisor, Scoutmaster, Skipper) **Election Team:** _____

Unit will attend District OA Callout Ceremony? Y / N

Summer Camp location/dates: _____

Eligible Youth		Elected Youth			
Name	Rank				
		BSA ID	Full name	DOB mm/dd/yy	M / F
		Street address City, St, Zip		email	Phone #
		BSA ID	Full name	DOB mm/dd/yy	M / F
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Continuation Sheet