

All election results are final. No substitutions may be made at a later date for any reason.

Circle one: TROOP TEAM

Unit No: _____ District: _____

RECORD OF ELECTION

1. Number of registered active youth _____
2. Number of youth present (50% minimum) _____
3. Number of members eligible _____
5. Number of ballots turned in _____
6. Number of votes requires to be elected _____
7. Number elected _____

Ballot 1 Ballot 2*

*Ballot 2 held only if no one elected on Ballot 1.

RECORD OF SCOUT CANDIDATES ELECTED

(Print clearly - fill out all requested information - use full name)

1. NAME: _____
ADDRESS: _____
2. NAME: _____
ADDRESS: _____
3. NAME: _____
ADDRESS: _____
4. NAME: _____
ADDRESS: _____
5. NAME: _____
ADDRESS: _____
6. NAME: _____
ADDRESS: _____
7. NAME: _____
ADDRESS: _____
8. NAME: _____
ADDRESS: _____

UNIT LEADER INFORMATION

NAME: _____
PHONE: (H) () _____ (B) () _____
ADDRESS: _____
CITY: _____ ZIP: _____

CERTIFICATE OF ELIGIBILITY

I hereby certify that these Scouts are qualified for election to membership in the Order of the Arrow. Each holds at least the First Class Scout rank and has met the Order's current camping requirements as stated in the current printing of *The Order of the Arrow Guide for Officers and Advisers*. I certify to their attitude, participation in unit activities, and Scout Oath & Law.

NAMES OF ELEGIBLE YOUTH RANK

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

[] CHECK HERE IF THERE ARE NO ELIGIBLE CANDIDATES.

- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____
- BIRTHDATE: _____ PHONE: () _____
CITY: _____ ZIP: _____

ELECTION TEAM INFORMATION

Date of Election: _____ Location: _____
Election Team: _____
Unit Leaders Signature: _____
Election Team Certification: _____

MEMBERS SIGNATURE

