

Troop Election Report

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

Troop No.- _____ **District -** _____

Date election held - _____

Number of registered scouts in troop _____

Number of youth members present at election - _____

Number of eligible scouts - _____

Number of youth elected - _____

_____ **Date** _____

Scoutmaster's Signature

Record of youth Candidates Elected (Print Clearly)
Give all Information Requested

1. Name _____

Address _____

Birthday _____ Phone _____

Email - _____

Will attend the Spring Ordeal _____ Fall Ordeal _____

2. Name _____

Address _____

Birthday _____ Phone _____

Email - _____

Will attend the Spring Ordeal _____ Fall Ordeal _____

3. Name _____

Address _____

Birthday _____ Phone _____

Email - _____

Will attend the Spring Ordeal _____ Fall Ordeal _____

MAIL or FAX this form no later than April 30 to :
Allegheny Highlands Council BSA, PO Box 261, Falconer,
NY 14733 or FAX 716.665.5212.

4. Name _____

Address _____

Birthday _____ Phone _____

Email - _____

Will attend the Spring Ordeal _____ Fall Ordeal _____

5. Name _____

Address _____

Birthday _____ Phone _____

Email - _____

Candidate will attend the:
Spring Ordeal _____ Fall Ordeal _____

6. Name _____

Address _____

Birthday _____ Phone _____

Email - _____

Will attend the Spring Ordeal _____ Fall Ordeal _____

Adult Leader Recommended for OA Candidate

Name _____

Address _____

Troop position _____ Phone _____

Email - _____

Will attend the Spring Ordeal _____ Fall Ordeal _____

Scoutmaster Information

Name _____

Address _____

Phone _____

Email - _____