



Black Swamp Area Council
Mawat Woakus Lodge # 449

Pg _____ of _____
 Unit Copy

Unit Election Report

Troop Number: _____

District: _____

Date of Election: _____

Please print all information

Elect	Name	Address	City	Zip	Phone	Birthday

I certify that the above youth members are eligible and approve them as nominees for election into the Order of the Arrow.

_____ Check here if there are no eligible candidates or youth elected.

_____ Unit Leaders Signature

Number of registered active youth: _____

Number of youth Present: _____
 (Must have at least 50% of registered members present.)

Summer Camp Location: _____

Number of youth eligible: _____

Number of votes required to be elected: _____

Dates: _____

Number of ballots turned in: _____

Number of members elected: _____

Adult Recommendation: **Y** **N**

Scoutmaster Contact Information

Election Team Members Names:

Name	
Address	
City, State, Zip	
Phone	e-mail



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