



OA Troop / Team Representative Registration Form



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

| OA Troop/Team Representative Information | | | |
|--|-------|--------------------------|-------------------------|
| Name: | | Date: | |
| Address: | | | |
| City: | | Zip Code: | |
| E-mail: | | | |
| Phone: | Order | Brotherhood | Vigil Honor (Check One) |
| Troop/Team #: | | Term of Office (Dates): | |
| District: | | OA Chapter: | |
| Scouting Experience: | | | |
| OA Experience: | | | |
| Scoutmaster/Coach: | | Scoutmaster/Coach Phone: | |
| Scoutmaster/Coach E-mail: | | | |
| | | | |
| Scoutmaster/Coach Signature: | | Date: | |

Please e-mail the completed copy to

To: Cuwe218@tpcbasa.org
 or fax to: (810) 235-5052
 or mail to: Cuwe Lodge #218
 Tall Pine Council, B.S.A.
 507 W. Atherton Road
 Flint, MI 48507-2404