



ORDER OF THE ARROW

Cuwe Lodge 218
Tall Pine Council, BSA



Troop Youth (Under 21) Election Form

Troop Number _____ District: _____

ELECTION RECORD

- Number of registered active youth members (under 21) in the troop..... _____
- Number of youth members (under 21) present at the election..... _____
- Number of boys eligible for membership..... _____

Ballot 1 Ballot 2*

- Number of ballots turned in ... _____
- Number of votes required to be elected..... _____
- Number of boys elected..... _____

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

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 rank and has met the Order's current camping requirements as stated in the most recent issue of the Order of the Arrow Handbook. I certify to their Scouting Spirit, adherence to the Scout Oath and Law, and participation in troop activities.

NAMES OF ELIGIBLE YOUTH

SCOUT RANK

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |

CHECK HERE IF THERE ARE NO ELIGIBLE CANDIDATES.

Scoutmaster Signature _____ Date _____

Scoutmaster Name: _____

Address: _____

City: _____ Zip: _____

Phone: (H): _____ (W) _____

Email: _____

RECORD OF BOY CANDIDATES ELECTED

- Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Birth: _____
Email: _____
- Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Birth: _____
Email: _____
- Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Birth: _____
Email: _____
- Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Birth: _____
Email: _____
- Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Birth: _____
Email: _____
- Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Birth: _____
Email: _____

ELECTION TEAM INFORMATION

Date Election Held: _____ Location: _____

Election Team: Leader: _____

Members: _____

Certifications: _____

Team Leader _____ Elections Committee _____