**Order of the Arrow Troop Visit/Election Request**

*Please fill in all of the blanks and print clearly.*

|  |
| --- |
| Chapter/District: |

|  |
| --- |
| Town: |

|  |
| --- |
| Unit: |

|  |
| --- |
| Location of Meeting: |

|  |
| --- |
| Meeting Time: |

|  |
| --- |
| Where is the Troop attending Summer Camp: |

|  |
| --- |
| 1st Date: |

|  |
| --- |
| 2nd Date: |

Please list the Troop’s availability in order of preference

|  |
| --- |
| 3rd Date: |

|  |
| --- |
| OA Troop Rep: |
| Phone Number: |
| Email: |

|  |
| --- |
| Scoutmaster: |
| Phone Number: |
| Email: |

Do you have any youth eligible for the OA? Y / N

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10.  Troop OA Rep Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Troop OA Rep Advisor Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Scoutmaster Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If so, list their names:

**Eligibility Requirements:**

* Registered BSA Member
* Under 21 Years Old
* Rank of First Class or Higher
* 15 nights of camping ***with*** the BSA. Must include one, but no more than one, long-term camp consisting of at least five consecutive nights of overnight camping.
* Have Scoutmaster’s approval

**Special Directions:**

Please return form with re-charter packet or mail to:

**Green Mountain Council**

**P.O. Box 557 Waterbury, VT 05676**

**ATTN: OA ELECTIONS**

**FOR CHAPTER USE ONLY**

|  |
| --- |
| Date Scheduled: |

|  |
| --- |
| With Election or Without Election  *(Circle One)* |