



Elected Youth Candidate Supplemental Information

Unit: _____ District/Chapter: _____

Check if
Elected

1. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____

2. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____

3. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____

4. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____

5. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____

6. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____

7. Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ BSA ID: _____

Email: (parent) _____ (youth) _____