



Unit Election Report

Unit: _____

District/Chapter: _____

Certification of Eligibility

I certify that the Scouts listed below are eligible for election to membership in the Order of the Arrow. I understand that there is only one election per year and that the results of this election will be final.

- Check here if there are no eligible candidates.
Sign, fill out the unit information below, and return the form to the Chapter Election Team

Name	Rank	Check if Elected	Name	Rank	Check if Elected

Unit Leader signature

Date

Record of Election

Date: _____

1. Number of registered active youth: _____
2. Number of youth present: _____
3. Number of eligible Scouts: _____
4. Number of ballots turned in: _____ Ballot 1 Ballot 2*
5. Number of votes required to be elected: _____
6. Number of youth elected: _____

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

Election Team Certification

<u>Name</u>	<u>Signature</u>
_____	_____
_____	_____
_____	_____
_____	_____

Adviser: _____

Unit Leader

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ Zip: _____

OA Unit Representative

Name: _____

Phone: _____

Email: _____

OA Unit Representative Adviser

Name: _____

Phone: _____

Email: _____

Unit Long Term Camping Plan

Location: _____

Dates: _____