



OA Troop/Team Representative

Registration Form for the OA Troop/Team
Representative

Date _____

Term of Office _____

Name _____ Troop/Team # _____

Address _____

Phone _____ Email _____

District / OA Chapter _____

Is he an Ordeal Member, Brotherhood Member, Vigil Member

Phone _____ FAX _____

E-mail _____

Scoutmasters Name, and approval _____

Scoutmasters phone number _____

Scoutmasters email _____

