

Troop / Team # _____



Catawba Lodge OA Troop Representative

Registration Form for the OA Troop / Team Representative

Date _____ Term of office (mm/yy) _____ to _____

Name _____

Address _____

Town _____ State _____ ZIP _____

Phone# _____ E-mail address _____

Scoutmaster's Phone # _____ SM's E-mail address _____

Troop / Team # _____ District: _____

Membership: Ordeal / Brotherhood / Vigil Honor (*Circle One*)

Scouting Experience _____

OA Experience _____

Your Scoutmaster's Signature of Approval: _____

Your Senior Patrol Leader's Signature of Approval: _____

Please Return Completed Form To: Your Chapter Chief (Apache, Etowah, or Schwatu)