

Ho-De-No-Sau-Nee Lodge #159
 Visit our Web Site at <http://www.oalodge159.org>
YOUTH CANDIDATE ELECTION REPORT

All elections are final. NO substitutions may be made at a later date for any reason.

Circle ONE: TROOP POST VARSITY TEAM

Unit Number: _____ District: _____

RECORD OF ELECTION

1. Number of registered active boy members in unit _____
1. Number of boy members present at time of election _____
2. Number of boys names a boy may list on his ballot. (number eligible) _____
4. Number of ballots collected Ballot 1 Ballot 2* _____
5. Number of votes required to be elected _____
6. Number of boys elected . . . _____

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

CERTIFICATE OF ELIGIBILITY

I hereby certify that these Scouts are qualified for election to membership in the Order of the Arrow. Each holds at least the First Class rank and has met the Order's current camping requirements as stated in the most recent lodge election procedures of the *Order of the Arrow Handbook*. I certify to their Scouting Spirit, adherence to the Scout Oath and Law, and participation in unit activities.

NAMES OF ELIGIBLE YOUTH	RANK
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

RECORD OF BOY CANDIDATES ELECTED
 PRINT CLEARLY- FILL OUT ALL ITEMS

Unit Leader Signature _____ Date _____

1. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
2. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
3. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
4. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
5. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
6. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
7. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		
8. Name:	Birthdate:	Phone:()
Address:	City:	Zip:
E-Mail Address:		

UNIT LEADER INFORMATION

NAME _____
 PHONE:(H) _____ (W) _____
 ADDRESS: _____
 CITY: _____ ZIP _____
 E-MAIL ADDRESS: _____

ELECTION INFORMATION

DATE _____ LOCATION _____
 TEAM USED? (Y/N) _____ TEAM# _____
 ELECTIONS CHAIRMAN _____
(signature)