



Election Registration Form
Tom Kita Chara Lodge #96
Rib Mountain Chapter

Scoutmaster's Name: _____

Troop #: _____

Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Email: _____

We will provide 1 adult and 2 youth arrowmen as an election team. They will attend the training session in January and conduct at least one troop election.

Name	Phone Number
Adult _____	_____
Youth _____	_____
Youth _____	_____

Election Information

*Date Requested: _____

Time Requested: _____AM/PM

Have TV and VCR or DVD (circle what you have)

Place: _____

Be prepared with ballots and rank and address information for each eligible candidate.

***Must Be Scheduled Before April 24, 2008 And May Be Subject To Change.**
Please Return Completed Form to an OA Representative by the
December round table meeting