



## **OA Troop/Team Representative Information Form**

**Tom Kita Chara Lodge #96**

**Rib Mountain Chapter**

Name: \_\_\_\_\_

Term of Office: \_\_\_\_\_

Address: \_\_\_\_\_

Troop/Team (circle one) #: \_\_\_\_\_

\_\_\_\_\_

O/B/V: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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**(Optional But Recommended)**

Adviser's Name: \_\_\_\_\_

O/B/V: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

\_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Please Return Completed Form To:**

Give it to a chapter rep. at a Round Table meeting.