



# OA Troop Representative

## Registration Form for the OA Troop Representative

Patch of Office will be mailed upon receipt and registration of this form

Date \_\_\_\_\_

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

Beginning and scheduled ending dates

Name \_\_\_\_\_ Troop/Team # \_\_\_\_\_

Address \_\_\_\_\_ District \_\_\_\_\_

\_\_\_\_\_ SM Approval \_\_\_\_\_

\_\_\_\_\_ SPL Approval \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

Scouting Experience \_\_\_\_\_

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OA Experience \_\_\_\_\_

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**Please Return Completed Form To:**

Langundowi Lodge #46  
French Creek Council, BSA  
1815 Robison Rd West  
Erie, PA 16509-4999