



El Ku Ta Lodge Order of the Arrow Elections



Troop or Team _____ District # _____ Camp Site _____ Date of Election _____

Unit Leader PRINT Name _____ Cell Phone # _____ E-mail _____

IMPORTANT – Leaders, YOU must provide ACCURATE and LEGIBLE information. If you fail to provide correct information your Scouts may not receive this honor. PLEASE GIVE COMPLETE INFO REQUESTED to avoid disappointment to your Scouts.

PRINT First, Last Name	Birthdate	Rank	Street, City, Zip	Phone	E-mail	Ordeal Date	Payment

I certify that the above Scouts are eligible and approved for election. They are all at least First Class, have been camping as Scouts for at least 15 days and nights in the past 2 years (max. 1 week at Scout camp), and they all live according to the Scout Oath and Law.

Unit Leader's Signature

Election Team: DO NOT conduct an election until all information is completed and the Leader signs. Cross out names if not elected.

Election team signatures: _____