

ELECTED SCOUT CONTACT INFORMATION FORM

OA Unit Election Team Packet

TROOP #: _____ SCOUTMASTER: _____ ELECTION DATE: _____

This form is used to collect contact information for all elected Scouts; have them or their Scoutmaster complete this form in full. *(Attach additional copies in the cases of Units with more than 5 elected Scouts)*

PLEASE PRINT CLEARLY

NAME	EMAIL
STREET ADDRESS	PHONE #
TOWN, STATE & ZIP CODE	DATE OF BIRTH
NAME	EMAIL
STREET ADDRESS	PHONE #
TOWN, STATE & ZIP CODE	DATE OF BIRTH
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RETURN TO: OA Elections Adviser 237
 1069 NE Crescent St
 Jensen Beach, FL 34957

EMAIL: OAElectionsAdviser237@gmail.com