



# OA Troop/Team Representative

## Registration Form for the OA Troop/Team Representative

Date \_\_\_\_\_

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

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

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

\_\_\_\_\_ OA Chapter \_\_\_\_\_

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

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

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

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

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**Please Return Completed Form To:**

**Order of the Arrow, Quartermaster**

**Or mail to:**

**Steve Geist  
5155 Paradise Rd  
Milton, PA 17847**