

O-Shot-Caw Lodge OA Unit Representative



Registration Form

A copy of this form should be filled out and returned to the lodge or chapter leadership in order to establish the link between the Order of the Arrow and the unit.

Date: _____

Term of Office: _____

Name: _____ Unit type/#: _____

Address: _____ District: _____

_____ OA Chapter: _____

_____ Check one: Ordeal Brotherhood Vigil

Phone: _____ Fax: _____

Email: _____

Scouting Experience: _____

OA Experience: _____

Name of Adviser: _____

Address: _____ Phone: _____

_____ Fax: _____

_____ Email: _____

Unit Leader Signature: _____ Date: _____

Please return completed copy to your lodge/chapter leadership.

[Submit by email to unitelections@o-shot-caw.org](mailto:unitelections@o-shot-caw.org)