



OA Troop/Team Representative

Registration Form for the
OA Troop/Team Representative
Cho-Gun-Mun-A-Nock Lodge #467
Hawkeye Area Council

Name: _____ Troop/Team #: _____

Date I took office as the OA Troop/Team Representative: _____

OA Chapter (Circle one)	OA Membership (Circle one)	Term of office (circle one)
Red Cedar	Ordeal	Six months
Three Rivers	Brotherhood	One year
Old Capitol Valley	Vigil	Other _____

Address: _____ Age: _____

City: _____ St: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail Address: _____

Scouting Experience: _____

OA Experience: _____

Scoutmaster Signature: _____

Representative Signature: _____

Please Return Completed Form To: OA Troop Rep Program
Hawkeye Area Council
660 32nd Ave. SW
Cedar Rapids, IA 52404

Please place completed forms in the Order of the Arrow mailbox.