

Vigil Nomination Form

Cho-Gun-Mun-A-Nock Lodge #467

Order of the Arrow WWW

Hawkeye Area Council



Full Name of Nominee: _____
First Name Middle Name Last Name

Home Phone: _____ Cell Phone: _____ Birthdate ____/____/____

Address: _____

City: _____ St: _____ Zip: _____

Registration: Unit or District: _____ Position: _____

Outstanding Service to the Order of the Arrow

Scouting Record

Length of Registration: Scout _____ years Scouter _____ years

Offices or Positions held (list offices/positions and time served):

Highest Rank/Honor Attained: _____ Date: _____

Outstanding Scouting Service Performed:

Other Comments:

All Nominations Are Strictly Confidential

For Vigil Committee Use Only

Date Received: _____ Date of Brotherhood: _____

Vigil Name: Lenne Lenape: _____

English Translation: _____