

Registration Form

A copy of this form should be filled out with the Scoutmaster/Coach signature and then returned to the chapter leadership in order to establish the link between the Order of the Arrow Chapter and the Troop or Team.

OA Troop/Team Representative Information	
Name:	Date:
Address:	
City:	Zip Code:
E-mail:	
Phone:	Ordeal / Brotherhood / Vigil (<i>circle one</i>)
Troop/Team #:	Term of Office(Dates):
District:	OA Chapter:
Scouting Experience:	
OA Experience:	
Scoutmaster/Coach:	Scoutmaster/Coach Phone:
Scoutmaster/Coach E-mail:	
Scoutmaster/Coach Signature:	Date:

Please return the completed copy to your chapter leadership.