



# 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:** Andrew Rupiper  
Lodge Troop Rep Chairman      910 Campus Ridge Ct.  
Ankeny, IA 50021