



# 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:**

OA Unit Representative Program  
c/o Baden-Powell Council, BSA  
P.O. Box 66  
Binghamton, NY 13903-0066