

# UNIT ELECTION FORM

Unit # \_\_\_\_\_ District \_\_\_\_\_ Date of Election \_\_\_\_\_

Number of Scouts Present \_\_\_\_\_ Number of Scouts Registered \_\_\_\_\_ ( ≥ 50% Required to hold Election)

**Scouts Eligible for Election:**

Initial Elected Scouts	Name	Street Address	City-State-Zip Code	Phone	BSA ID Number	Birth Date
	Email Address:					
	Email Address:					
	Email Address:					
	Email Address:					
	Email Address:					

I certify that the above listed scouts are eligible and I approve them as nominees for election:

Unit Leader Signature \_\_\_\_\_ Unit Leader Phone # \_\_\_\_\_

Number of Scouts Eligible \_\_\_\_\_ Number of Votes Required \_\_\_\_\_ Number of Scouts Elected \_\_\_\_\_

Number of Adults Eligible for Nomination \_\_\_\_\_ (( 1/3 \* Number of Scouts Elected) rounded up)

**Must attach Adult Candidate Nomination Form for each Adult**

\_\_\_\_\_  
OA Chapter Representative

Please enter all information for Scout(s) and print two copies and give to OA Rep. at election.