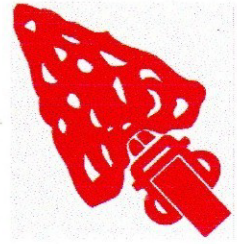




OA Troop/Team Representative



Registration Form for the OA Troop/Team Representative

Date _____

Term of Office _____ to _____

Name _____ Troop # _____ District _____

Address _____

City _____ Phone _____

State _____ Zip+ _____ - _____ Ordeal / Brotherhood / Vigil Honor

Email Address _____

Scouting Experience _____

OA Experience _____

Unit Leader Approval _____ Date _____

Please Return Completed Form To:

Ranachqua Lodge #4
c/o Jaime O. Feliberty, Sr.
PO Bx 258
Throggs Neck Station
Bronx, NY 10465-0258

Date Received _____

Info Mailed _____