



## UNIT ELECTION REPORT - 2021



Council Name: Piedmont Council Lodge Name: Eswau Huppeday  
Troop/Crew/Ship?: \_\_\_\_\_ Unit Number: \_\_\_\_\_ Date of Election: \_\_\_\_\_  
Number of registered youth: \_\_\_\_\_ Number of youth present: \_\_\_\_\_  
District Name: \_\_\_\_\_ Call-out Date: \_\_\_\_\_

**NOTE:** At least 50% of the registered active unit members must be present to hold election.  
(Scoutmasters - Fill in names and ranks of all eligible youth before election)

Check If Elected	Name	Rank	Check If Elected	Name	Rank

**SCOUTMASTERS !! VERY IMPORTANT - List the names, addresses, and phone numbers of those elected on the next page of this form. Also provide for each scout their BSA National Membership Number (from their current membership card)**

I certify that the above youth members are eligible and approve them as nominees for election

\_\_\_\_\_  
**Unit Leaders Name (Print)      Unit Leader's Signature      Unit Leaders Phone Number**

Number of Scouts eligible: \_\_\_\_\_  
Number of Ballots turned in: \_\_\_\_\_  
Number elected: \_\_\_\_\_

Number of votes required to be elected: \_\_\_\_\_

**Mail Election Report To:**

**Shawn Polizzo  
c/o Jr Sherrill  
116 Morrison Flats Rd  
Statesville, NC 28625**

Election Team Members (Print Names)  
(Must be trained OA Members)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

or: **Email** to [eswauelections@gmail.com](mailto:eswauelections@gmail.com)

Phone Number: **704-450-2192**

**BOY SCOUTS OF AMERICA**  
**ORDER OF THE ARROW- CANDIDATE INFORMATION**

**Complete Name**\_\_\_\_\_

**Preferred Name:**\_\_\_\_\_ **Birth Date:**\_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_

**National BSA #**\_\_\_\_\_

**Address**\_\_\_\_\_

**City**\_\_\_\_\_ **State**\_\_\_\_\_ **Zip code**\_\_\_\_\_

**Home Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ **Other #:** (\_\_\_\_) \_\_\_\_\_

**Parent's Phone #:** (\_\_\_\_) \_\_\_\_\_ **Parent's Phone #:** (\_\_\_\_) \_\_\_\_\_

**Candidate's Email Address:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Any Food Allergies or Medical Conditions (Mark N/A if there are none):** \_\_\_\_\_

**Additional Information we should know about:** \_\_\_\_\_

**Complete Name**\_\_\_\_\_

**Preferred Name:**\_\_\_\_\_ **Birth Date:**\_\_\_\_\_ **Gender (M/F):** \_\_\_\_\_

**National BSA #**\_\_\_\_\_

**Address**\_\_\_\_\_

**City**\_\_\_\_\_ **State**\_\_\_\_\_ **Zip code**\_\_\_\_\_

**Home Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ **Other #:** (\_\_\_\_) \_\_\_\_\_

**Parent's Phone #:** (\_\_\_\_) \_\_\_\_\_ **Parent's Phone #:** (\_\_\_\_) \_\_\_\_\_

**Candidate's Email Address:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Any Food Allergies or Medical Conditions (Mark N/A if there are none):** \_\_\_\_\_

**Additional Information we should know about:** \_\_\_\_\_