# UNIT ELECTION REPORT – 2025

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 |
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**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:**
**Autumn Strunk**
**c/o Jr Sherrill**
**116 Morrison Flats Rd**
**Statesville, NC 28625**

or: **Email** to eswauelections@gmail.com
Phone Number: **704-450-2192**

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

_____
_____
_____
_____

# 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:** _____