



OA Troop/Team Representative

Registration Form for the OA Troop/Team Representative

Today's Date ___/___/___

Term of office starts ___/___/___ Term of office ends ___/___/___

Name _____ Troop # _____

Address _____

_____ Ordeal/Brotherhood/Vigil (circle one)

Phone (____) _____ E-mail _____

District _____

Scouting Experience _____

OA Experience _____

Please Return Completed Form To:

Lodge Secretary, Alibamu Lodge 179
3067 Carter Hill Road
Montgomery, AL 36111

or Secretary@alibamu.org