



OA Troop / Team Representative

Registration Form for the OA Troop / Team
Representative

Date _____ Term of office (mm/yy) _____ to _____

Name _____

Address _____

Town _____ State _____ ZIP _____

Phone _____ E-mail address _____

Troop / Team # _____ District: Massasoit / Cachalot / Pokanoket /
Thunder Valley / Netop/ Shawomet / Quequatuck (*Circle One*)

Membership: Ordeal / Brotherhood / Vigil Honor (*Circle One*)

Scouting Experience _____

OA Experience _____

Please Return Completed Form To: Abnaki Lodge, W.W.W
c/o Narragansett Council
P.O. Box 14777
East Providence, RI 02914

Your Troop or Team Representative Patch will be sent to you upon receipt of this form.

For Lodge Use:

Form Received: _____

Member Registered: _____

Patch Sent: _____