



ORDER OF THE ARROW
UNIT ELECTION BALLOT
Kiondaga Lodge-Buffalo Trace Council, BSA



Note to Unit Leader: The names of eligible candidates should be filled in and then copies of this form printed to give to each voting member of your unit.

Election Ballot for Troop _____

Vote for all eligible Scouts, or, vote "yes" or "no" (first line).

**If you do not wish to vote in this election, you do not have to turn in a ballot.
By not turning in a ballot, your ballot will not be counted against anyone, but if you turn in a blank ballot it will be counted as a vote against everyone listed on the ballot.
Remember, you can vote for everyone, no one, or any combination! There is no limit!**

		Name of Scout	Rank
<input type="checkbox"/> Yes	<input type="checkbox"/> No	All Candidates listed below	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		



ORDER OF THE ARROW UNIT ELECTION REPORT

Kiondaga Lodge-Buffalo Trace Council, BSA



Troop #: _____ City: _____ Date of Election: _____

Number of registered active youth: _____ Number of youth present: _____

NOTE: At least half of the registered active unit members must be present to hold an election.

(Please fill in Name, Rank, and Date of Birth of all eligible youth before holding the election.)

Youth Name (use Adult Form if >21)	Rank	Votes	Elected?	IMPORTANT- Date of Birth	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

I certify that the above youth Scouts meet all eligibility requirements and are approved as nominees for election.

A. Number of ballots turned in: _____

B. Minimum votes needed (50% of A): _____

Election Team Members' signatures:

Unit Leader's Signature

Mail election report to:

Buffalo Trace Council

3501 East Lloyd Expressway

Evansville, IN 47715

(Complete the next page as part of this report.)



ORDER OF THE ARROW
UNIT ELECTION REPORT
Kiondaga Lodge-Buffalo Trace Council, BSA



1st Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

2nd Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

3rd Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

4th Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

5th Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

6th Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

7th Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

8th Candidate's Name:

Address:

City, State, Zip:

Phone #1:

Phone #2:

Email: (Important)

Use additional space on back of this page if necessary.