

# Occoneechee Lodge Expense Reimbursement Form

This form mus	at accompany all requests for reimburgem	Request	naashaa Ladaa	No componentian will be
provided other	at accompany all requests for reimbursemerwise. All expenses must be approved by	eni made againsi Occo	neechee Louge	corresponding department
	sement of funds. Please submit within 30		diriority over the	e corresponding department
	st to Keith Biegert	days.		
Name:	or to rionin Biogen			
Address:				
				Date:
Description of	Expense:			Amount:
				Total:
A catho orienced hove		y 11 Approval		
Authorized by	(print).			
Cost center:	☐ Administration		Committee (or	ntional):
Cost conton.	☐ Programs			ononary.
	☐ Communication			
	☐ Finance			
	Other (Key 3 only)			
Lauthorize the	payment of the above total amount to sa	id member to be debite	ed against the a	hove cost center and
committee (if a		ia member, to be debite	od agamot tilo a	bove cost center and
Authorization		Date:		
	· - ,			
		icial Use Only		
Status:	☐ Paid (Cash)	Total Amount:		
	☐ Paid (Council issued check)			
	☐ Rejected			
Reimbursed b	y:	Invoice No.:		



### **Ordeal Candidate Information & Medical Form**

Ordeal Event Fee: \$50; a \$10.00 late fee (\$60.00 total) will also be assessed if you register within the last 7 days prior to the Ordeal. In order to become a member of the Order of the Arrow (the OA), you must complete the Ordeal weekend on one of two weekends during the coming year:

a. May 20-22, 2016 (Spring Inductions)
b. September 16-18, 2016 (Fall Fellowship)
Register here: http://www.lodge104.net/ordeal/

	Memb	er Informatio		
Name:		Email:		
Address:	1			
City:	State:		Zip Code:	
Phone: ( )	Unit Number:		Date of Birth:	
Circle Chapter (District): Ilau Machque (Black F Eluwak (Mawat) Saponi (Shakori) Kiowa (Impessa)	Netopa	oheen (LaFaye lis (Dogwood) (Crosswinds)		Neuse River (Highlander) (Awahili)
Do you: have any medical restrictions? currently take any medication? have any dietary restrictions? Health Insurance Company:		Explai		
Have or subject to: ConvulsionsAsthmaBleeding disorderDiabetesAllergy to medication, food plant, aAny condition requires special carNONE OF THE ABOVE APPLY	animal, or insect	Explai pells ple		
Have difficulty with (check if yes): Eyes, ears, nose, throat Bed-wettingLungs	Digestion Sleepwalkin	Explai	n:	
Any condition now requiring regula	ar medication?	Name	of medication:	
	les	Rubella		
This health history is correct so far as activities, except as noted. In the ever physician selected by the adult leader	nt that I cannot be	reached in an	emergency, I hereby	, give permission to the
Candidate			Parent or g	uardian
Signature:		Signature (if	candidate is under 18	years):
x Da	nte:	X		Date:
		Home Phone	:	Mobile Phone:

<sup>\*\*</sup> Registration is due 1 week prior to every event to allow food and program materials to be ordered in the most economical way. Registrations made within 1 week of the event are subject to a \$10 late registration fee. See the Lodge refund policy on the website for additional information. <a href="https://www.lodge104.net/registration/refunds">www.lodge104.net/registration/refunds</a>



### **Adult Nomination Form**

#### Description

Nomination of an adult Scouter for membership in the Order of the Arrow should take place only when the adult's job in Boy Scouting will make Order of the Arrow membership more meaningful in the lives of the youth membership.

Nomination of an adult Scouter is **not** to be considered as an honor or recognition of service to Scouting. Return this form to the Lodge Adviser **by April 15 for the May Ordeal, or by August 15**<sup>th</sup> **for the September Ordeal.**Adviser@lodge104.net

(Please Print)		Candida	te Information			
(i lease i lilit)						
Name: First	M. I.	Last		Nickname	e	_
Address			City		Zip+4	_
////////		////				_
Phone (home)	Pho	ne (business)	E-mail			
Primary Registration: Unit Type a	nd No.	District	Birt	th Mo. Month	Day Ye	ar
Current Primary Registered Position	with BSA	D	ate of last Youth Protect	ction Training		
BSA ID Number		Dietary Restriction				
		Qua	lifications			
purpose, and The individual Order. The camping	where the nur- be may noming an it leader for sists of the lost aff adviser induction, proper adult is based on the for recognition will be an astronger's member and the sister's member and significant and the sister's member and	nber of youth can nate the currently or at least the pro- odge adviser, the with the appro- ovided the follow ased on the ability prition of service asset to the Order set forth for yourship will provide ge.	Indidates is not a	nultiple of three ler (but not ass ths. Recomme council commit ecutive, servin fulfilled: ecessary funct or prior achievenstrated abiliti ulfilled.	e. In addition to sistant leaders endations of the tee on which t ag as Supreme tions to help the ement and po- es that fulfill the	o the one-third c), as long as he e adult selection the lodge adviser e Chief of the Fire, ne Order fulfill its esitions. ne purpose of the
The above named adult lead the unit committee for me registration)		the necessary re	equirements (as lis	,	•	-
Unit Nomination:					,	,
Unit Leader (s	ignature)		Committee Chairma	n (signature)	Month Da	y Year
District/Council Nomination: _					/	/
	Signature		Position		Month Da	ay Year

Lodge Selection Committee\_\_\_\_/ \_\_\_/ \_\_\_ A / R

LODGE APPROVAL (Lodge Use Only)



# **Troop Representative Registration Form**

Repres	entative Inform	iation
	Email:	
State:		Zip Code:
ne: ( ) Unit Number:		Circle O/B/V: Ordeal Brotherhood Vigil
•		
·	, , ,	, <del>-</del>
Scou	ıtmaster Approv	val
		f Position:
	Phone:	
Fo	rm Submission	1
l.net		
	State: Unit Number: River) Lauci Netol Netal	State:  Unit Number:  River) Lauchsoheen (LaFay Netopalis (Dogwood) Netami (Crosswinds)  Scoutmaster Approach Term of Phone:  Form Submission



#### Occoneechee Lodge 104 Official Vigil Honor Petition Page 1 of 2

The following is a hard copy of the online Vigil Honor petition. ALL petitions must be submitted online via <a href="www.lodge104.net/vigil-nomination-form/">www.lodge104.net/vigil-nomination-form/</a> by the Sunday Executive Committee meeting at Pow Wow. A picture of the candidate must be emailed to <a href="wyligil@lodge104.net">Vigil@lodge104.net</a> or the person will not be considered.

#### Instructions

To nominate an Occoneechee Lodge Arrowman as a candidate for the Vigil Honor please complete this form and submit it to the Vigil Chairman or his Advisor by the EC of Spring Pow-Wow. Any active Brother in Occoneechee Lodge may submit a nomination. Nominations not received by the Vigil Committee Chairman or his adviser before the EC of Sunday of Spring Pow-Wow will not be considered!

	Nominee Inform	nation
(Type or print clearly)		
Name:		
Last	First	Middle
Address:		
Address	Street	
City:	State:	Zip Code:
Phone Number: ()		
Date of Birth:		
		Photograph of nominee
Registered as:Boy ScoutScout	er	Milliot ha Cubmitted
VentureVarsit	y Scout	Must be Submitted
Other		With the petition or it will not be considered
Highest Scouting rank attained:		
Position in Unit held by nominee:		
	Order of the Arrow I	nformation:
Induction Date:	Brotherhood Dat	e:
Suggested Indian Name for Nominee:		
<u></u>		
Translated as meaning:		
Please note: There is a Lenni Lenape work an Indian name, the Vigil Committee will s		Order of the Arrow Handbook. If you cannot suggest onal Petition
A A	A A	A A A





















## Occoneechee Lodge 104 Official Vigil Honor Petition, Page 2 of 2

Qualifications
The following information to assist the Vigil Selection Committee in consideration of the nominee. Nominators are
encouraged to provide as much information as possible on each candidate. Letters of recommendation, resumes, and
other such attachments are welcomed and encouraged. A good rule of thumb is to assume that the Vigil Committee
knows nothing about your candidate. This will insure that all important information will be presented for careful
consideration. A clearly written, well thought out and researched petition will be much appreciated. Thank You.
Nominee's Name:
Norminee's Name.
Unit Affiliation:
Onit Annation.
Unit Activities of Special Note:
Unit Activities of Opedia Note.
Chapter Affiliation:
Onapier Anniauon.
Chapter Activities of Special Note:
Onaptor Notivitios of Special Note.
Lodge Positions and Activities of Special Note:
Suggested Vigil Guide Name:
Phone: Email:
Note: the Guide MUST be a Vigil member.
I believe this Nominee is deserving of the Vigil Honor because:
Nominated by (please print): Phone:
Norminated by (please print).



### **Roth Award Score Card**

This form is to be submitted at each LEC meeting to record chapter progress towards the annual presentation of the Roth award. Multiple sheets can be submitted if required. Only record the information since the LAST LEC meeting where this form was submitted.

Today's Da	ite:		Chapter:			_	
Chapter Ch	nief:		(Pr	esent/Re	presented)		
Adviser:			(Pr	esent/Re	presented)		
Chapter Me		er Meeting	g was held and any special	nrogram t	that was conducte	ed.	
Month	Location		Program	program	mat was conducte	Total Membe	ers
						Present (Y/A	.)
	ach percentage		embership that attends a fu Seminar, NOAC, National I			e Lodge level, f	or
Description:							
Date:		Location	n:		Total Youth Att	tending	
	for each youth r		at attends a leadership trair Lodge Contact Training				
Description:	1 -3		<u> </u>			1	,
Date:		Location	า:		Total Youth At	tending	
Description:							



Date:	Location:			Total Youth Attending			
Chapter:					Date	e:	
Ceremonies List youth members and the nur	nber of ceremonies performe	d	Pre- Ordeal	Ordeal	Brotherh ood	Call-Out	Team Practice
Member			Pre	Ö	Bro	Cal	Te: Pra
AIA (Singing/Dance) List youth members and the nur	nber of events attended	zed e				a	<u></u>
Member		Organized Practice	District Event	Lodge Event	Section Event	Regional Event	National Event



	_		
Chapter:		Date:	_
Elangomats The goal is to provide one (1) Elangomat for every 5 cand properly trained Elangomats to serve as a good example		to a Clan of 10 members with two (2)	
Once the number of Elangomats has been provided for your family of the following the f		ints can be awarded.	
Number of Ordeal Candidates from your Chapter	Youth:	Adults:	

Name	Trained (yes/no)	Youth (Y) or Adult (A)	For my Chapter	For another chapter (list name)

Occone	chee I	odae	Planhoo	k 2016
				NEVIV

Forms	8	1	
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Chapter:			Date:
0			
Service Hours:	oral da cara esta esta esta esta esta esta esta est	O.M. office and I to tall and	See Lee on to be a see a let Dec Street and the
of attendees is the best and eas			ice hours to be recorded. Providing a roster
Description:	lest way to ensure all	members are credited p	ropeny
2000p.:0			
Date:	Location:		Total Man hours:
Date.	Location.		Total Mail Hours.
Camanaita Imanua vanana	1.		
Campsite Improvemen		مراء لمعلما مصموم مميين عمطا	a the least LEC Masting and total comics
			e the last LEC Meeting and total service yay to ensure all members are credited
properly.	a roster of attendees i	o the best and easiest w	ay to onsure all mombers are orealied
Description:			
Date:	Campsite:		Total Man hours:
Dato.	- Campono.		rotal Mail Houle.
<b>-</b> 10			
Food Committee: The 13			
List Members that served as ass	sistants in the Kitchen		Dala in Kitahan
Member		Youth/Adult	Role in Kitchen
	-		



### **Founder's Award Petition**

#### Description

The Founder's Award was established to recognize certain registered, active Brotherhood or Vigil Honor members of the Order of the Arrow at the local Lodge level. The member's life should reflect a spirit of achievement in his everyday activities. Through his everyday life he should show:

An understanding of the world he lives in
A determination to do his best at all times
An enthusiasm while doing what he believes should be done
A belief in, and a commitment to, those "things of the Spirit"
(Brotherhood, Cheerfulness, and Service)

			Requirements		
Last Name:		First Nar		Middle Initial:	
Circle One:	Scout	Venturer	Scouter	Date (MM/DD/	YYYY):
Address:					
City:		State:		Zip:	
Unit Affiliation					
		he Arrow as Ordeal in			
	-	rotherhood in (MM/YY			
	,	pplicable) in (MM/YYY	•		
How has the part of the part o	person named	d in this petition reflecte	ed the 'spirit of achiev	ement' in his Scouting an	d non-Scouting activities?
		Chapter Chief	Ch	apter Adviser	

RETURN THIS APPLICATION TO THE CHAIRMAN OF THE FOUNDERS' COMMITTEE NO LATER THAN LUNCH DURING SPRING INDUCTIONS.



## **Ceremony Team Recognition Patch Award Form**

	Applicant Informati	ion	
Name:			
Circle One Ceremony: PreOrdeal Ordeal Brothe		our membership: Ordeal Brotherhood	Vigil
Circle Chapter: Ilau Machque (Black	River) Lauchsoheen (LaFay	/ette) Neusiok (Neus	se River)
Eluwak (Mawat)	Netopalis (Dogwood)	) Mimahuk (High	nlander)
Saponi (Shakori)	Netami (Crosswinds)	Temakwe (Aw	ahili)
Kiowa (Impessa)			
	Amond Chooklie		
Occoneechee Lodge offers recognition Patch is available for lodge members		es. The Ceremonies Awar	d Circle Yes or No:
1. Are you under 21 years of age?	who meet the following requirem	iono.	Yes No
2. Have you made your ceremony outfit?			Yes No
3. Have you performed in 5 ceremonies for the Lodge?			Yes No
4. Are you an active (dues paid, council registered) member in the Lodge?			Yes No
5 a. (PreOrdeal) Have you competed at Spring PowWow, Conclave, or NOAC? b. (Ordeal Team) Has your ceremony performance been critiqued by a qualified individual? c. (Brotherhood Team) Have you competed at conclave or NOAC? (ac.) List the event and the competition in the space below.			Yes No
Chairman of the Lodge Ceremonies S	Sub-Committee (print and sign)		

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE CEREMONIES SUB-COMMITTEE AT FALL FELLOWSHIP.



## **Dancer Recognition Patch Award Form**

		Applicant Information			
Name:					
		Circle your meml			
Circle Objection		Ordeal	Brotherhood Vigil		
Circle Chapter:	Ilau Machque (Black River)	Lauchsoheen (LaFayette)	Neusiok (Neuse Rive	er)	
	Eluwak (Mawat)	Netopalis (Dogwood)	Mimahuk (Highlande	er)	
	Saponi (Shakori)	Netami (Crosswinds)	Temakwe (Awahili)		
	Kiowa (Impessa)				
	Lodge offers recognition for its dependence of the control of the	Award Checklist ancers. The Dancer Recognition uirements:	n Patch is available	Circle	Yes or No:
	er 21 years of age?			Yes	No
2. Do you have	a Native American dance outfit	?		Yes	No
3. Indicate your	dance style in the space provid	ed.			
4. On the back	of this form or in a separate atta	chment, please explain the full c	origin of your dance.	Yes	No
5. Have you co	mpeted at a Lodge event? If so	, list the event and competition ir	the space below.	Yes	No
b. Have you	competed at a Conclave and/or participated in a non-Lodge or n event and the competition or pa		nference? OR	Yes	No
Chairman of the	e Dance Sub-Committee (print a	and sign)			

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE DANCE SUB-COMMITTEE AT FALL FELLOWSHIP



## **HOKA Lodge Singer Award Patch Award Form**

		Applicant l	Information			
Name:						
			1			
			Circle your men Ordeal	nbership: Brotherhood Vigil	ı	
Cirolo Chantor			Oldeal	Brothernood vigii	1	
Circle Chapter:	Ilau Machque (Black River)	Lauchsohee	en (LaFayette)	Neusiok (Neuse Riv	er)	
	Eluwak (Mawat)	Netopalis (D	Dogwood)	Mimahuk (Highlande	er)	
	Saponi (Shakori)	Netami (Cro	osswinds)	Temakwe (Awahili)		
	Kiowa (Impessa)					
		Award (	Checklist			
	odge offers recognition for its s dge members who meet the folk	ingers. The H	IOKA Lodge Sing	er Award Patch is	Circle	Yes or No:
1. Have you at	tended Southern Singing Semir			g events?	Yes	No
a. Lodge 10						
	R-7B Conclave Indian Seminar					
	Order of the Arrow Conference					
	ng at 10 official Lodge Drum pra	actice sessions	s?		Yes	No
•	ng at 6 District, Lodge, Council,			member of a Lodge	Yes	No
	r or Lodge Drum?	Occion, or ive	ono events as a	member of a Loage	103	140
4. Have you sta	arted and led 4 songs (at any co	mbination of tl	he events in requi	rement 3)?	Yes	No
	plained the origin, words, mean	ing, backgrour	nd, etc. of 3 word	songs or 3 non-word		
(vocable) so	ongs?				Yes	No
	scribed the general sequence o				Yes	No
	plained the two general styles o es of Native American songs?	f Native Ameri	ican powwow sing	ging and the two	Yes	No
	scribed/demonstrated the drum			Frat Cong	Yes	No
Fancy Danc	ong, Ruffle Dance Song, Round e Song	Dance Song,	Memorial Sorig,	rrot Sorig,		
9. Have you de	scribed the duties and responsi	bilities of a sin	ger?		Yes	No
10. Have you d	escribed the duties and respons	sibilities of the	Lead Singer?		Yes	No
11. Have you d	escribed the duties and respons	sibilities of the	Keeper of the Dru	um?	Yes	No
12. Have you d	escribed in general terms the pr	otocol/etiquet	te surrounding the	e drum?	Yes	No
Chairman of the	e Singing Sub-Committee (print	and sign)				

### RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE SINGING SUB-COMMITTEE AT FALL FELLOWSHIP



#### **104 Service Award Form**

#### **Description**

The 104 Service Award is given to a youth or adult that is always helping the Lodge succeed. On this sheet you will need to keep a record of how much time you put in to help the Lodge. A minimum total of 104 hours is required for the award. Working at home for the Lodge will be accepted. Lodge events and Summer Camp Staff do not apply toward the worked hours. The award consists of a Service Patch, which is not a flap, to be worn on the uniform. You are responsible for recording your hours using this form and submitting it on time.

		Requirements	
Applicant Name:			
Date	Hours Worked	Project Worked On	Location
		Hours worked at Occoneechee Scout Reservation	
		Worked at home:	
		Total hours worked:	

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS
COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL
FELLOWSHIP.



### **Troop Service Award Form**

		Requirements
Date	Leader's Initials	
		1. Camp with your troop on at least eight (8) weekends and a long term camp within one
		year.
		2. Help two (2) Scouts achieve the First Class rank.
		3. Participate in a troop service project (or projects) totaling six (6) hours.
		4. Attend at least 85% of troop meetings within a year.
		5. Participate in a long-term camping experience, such as summer camp.
		6. Take a troop leadership role.
		7. Show Scout Spirit by living up to the Scout Oath and Law.
		8. Wear the proper uniform correctly.
	h	has met the requirements for Occoneechee Lodge's Troop Service Award on//
in		
Troop # _	, in	chapter.
Scoutmas	ter (print and sign)	

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.



## **Summer Camp Staffer Award Form**

	Requi	rements		
Name:		Phone:		
Address:				
City:	State:	Zip:		
1. Are you a member of Occoneech	nee Lodge #104?		Yes	No
2. Have you paid your dues up to d	late?		Yes	No
3. Have you served the whole cont quitting?	ractual agreement of no le	ess than three weeks, without being fired or	Yes	No
4. Have you served this period as	a staffer Camp Durant?		Yes	No
5. Have you been recommended be	y the Camp Director or P	Program Director?	Yes	No
I meet the above criteria for this Av term of service.	vard. In addition, I have n	not already received a Summer Camp Staffer	Award f	or this
Applicant (print and sign)				
Summer Camp Director or Program	n Director (print and sign)			

RETURN THIS FORM TO THE CHAIRMAN OF THE LODGE RECOGNITIONS COMMITTEE BY THE END OF THE EXECUTIVE COMMITTEE MEETING AT FALL FELLOWSHIP.



## **Friend of the Thunderbird Award Petition**

Nominee Information				
Individual Name:				
Business Name:				
Reason for nomination:				
Nominating Men	nber Information			
Member Name:	Phone:			
Date:				
Submission of this petition is only such and does not guarant	ee the nominee recognition. The lodge Key 3 will make final			
Decisions.				
Please return to Lodge Chief by t	he conclusion of Fall Followship			



# **Ceremonies Award Form**

er) er)
er)
er)
,
er)
Circle Yes or No:
Yes No
Yes No
Yes No
Yes No
Yes No Yes No Yes No

RETURN TO RECOGNITIONS COMMITTEE CHAIRMAN AT FALL FELLOWSHIP



### **Lodge 104 Ceremony Ring Addition Request Form**

It is required that this form be filled out prior to any extensive work done on Lodge 104 Ceremony Rings. In order to maintain authenticity, practicality, and safety in ceremonies rings, additions to any ring must be approved by the ceremonies committee and the Vice Chief of Program. This form is required for structure, relocation of a ring, and removal of any elements submitted and approved using this form. Elements essential to a ceremony ring (candle holders, seating, and rostrums) can be built or repaired without prior approval. Any elements that are in rings as of November 2010 do not need to be approved by the committee but will be subject to review and possible removal or alteration.

#### Requirements:

- 1. Submit the following completed form to the ceremonies committee chairman and/or advisor.
- 2. Have the Ceremonies Committee Chairman and Vice Chief of Program sign off on the proposed project.

Application: Letter of Ring:	
Please refer to the ring map which labe	els each ring by letter.
Sponsoring Chapter of the Ring:	
Description of Addition Being Requested (inclother information applicable to the project):	lude sizes, location in ring, types of material, and any
Signatures:	
Ceremonies Committee Chair:	Date:
Vice Chief of Program:	Date:

The purpose of this form is to insure safety and authenticity in ceremony rings. Accordingly, if an addition to a ring is completed without approval, the ceremonies committee reserves the right to suspend the performance rights of the chapter in question until the addition has been altered or removed to meet Ceremonies Committee and Vice of Program approval.



#### **Application for the Naming of a Ceremony Ring**

It is the wish of Occoneechee Lodge that, due to the limited number of ceremony rings, naming them shall be an honor reserved for those who have provided invaluable service to not only their chapter but the lodge and dedicated themselves to the growth of young men. Past recipients of this distinction have included nationally renowned Arrowmen and individuals instrumental to making Lodge 104 the great lodge it is. Since there are a limited number of ceremony rings, naming rings after individuals should not be done without careful consideration and a true belief of the individual's exemplary dedication and service to the Lodge.

### Requirements for Application

- Receive approval from the Vice Chief of Programs, Ceremonies Sub-Committee Chairman, and Lodge Key 3 prior to making a motion at an Executive Committee Meeting.
- 2. Receive approval from the Executive Committee by a 75% majority positive vote.
- 3. Provide and attach a written essay that outlines how the nominee has influenced their chapter, the lodge, and been instrumental to the benefit and growth of the young men in our lodge.
- 4. Attach a picture of the nominee to the application.
- 5. The application must include, in addition to the essay written by the applicant (mentioned in requirement 3), no fewer than three letters written from three different Arrowmen to the Lodge Executive Committee. These letters are to outline how the nominee demonstrates the qualities listed above, in the introductory paragraph, and why they are worthy of such a high honor.
- 6. The applicant or chapter may send a lobbyist to EC to testify on the nominee's behalf.

When picking a name for a ring, it is suggested that, if a ring is already named, the original name be honored in the new name. For example, if the "Uncas" ring is being renamed to honor E. Urner Goodman, the new ring should honor both people e.g. "The Uncas-Goodman Ring". The original name of a ring should never be dropped entirely and it is suggested that, if a ring name already honors multiple people, other aspects of the ring such as the fire lay be named instead. If possible, it is preferable that any one ring NOT be named for more than one person.



#### **CEREMONY RING NAMING Application:**

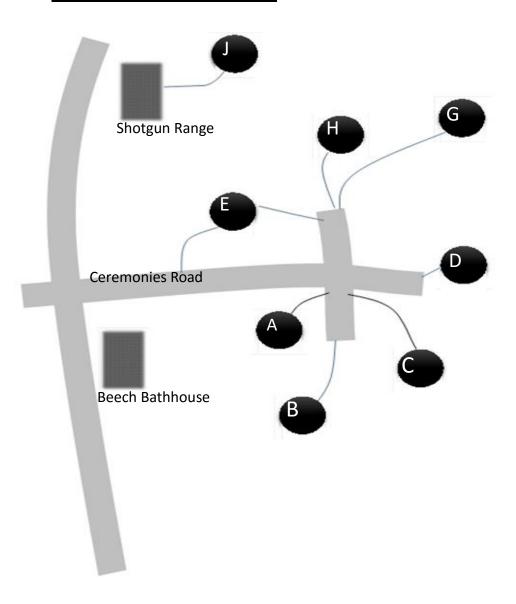
Chapter Name:	
Current Letter and Location of Ring:	
Proposed Name of Ring:	
Applicant (Arrowman Proposing Naming):	
Approval Signatures:	
Ceremonies Sub-Committee Chairman:	Date:
Vice Chief of Programs:	Date:
Lodge Chief:	Date:
Lodge Advisor:	Date:
Lodge Staff Advisor:	Date:
Essav:	

Provide and attach an essay detailing how the proposed Arrowman has influenced their chapter, Lodge 104, and how they have been instrumental to the benefit of the young men in the lodge. This essay should provide definitive evidence for why the Lodge should immortalize the proposed person's name. The essay should be in the style of a formal letter to the Executive Committee of Lodge 104.

Page 2 of 2



# **CEREMONY RING MAP**





#### **UNIT OF EXCELLENCE AWARD PETITION**

As the primary platform where the Scouting program is delivered to youth, the unit is the most vital and important level of the BSA for the Order to support.

The Order of the Arrow Unit of Excellence Award seeks to identify those units, and the leaders within them, who excel at incorporating the OA into their annual planning. This award is intended to provide a tool for lodges to recognize, incentivize, and operationalize unit-level participation in Order of the Arrow programs.

The OA Unit of Excellence Award criteria recognize units that invite the lodge to conduct quality unit elections, participate in lodge events and meetings, and operate a complete OA Troop/Team Representative program. Our hope is that units that complete these criteria will benefit from the support programs that the Order of the Arrow has implemented to strengthen unit-delivered program.

Requirements		
OA Rep Initials	OA Adviser Initials	
		<b>Leadership:</b> Implement the Troop/Team OA Representative and Troop/Team OA Representative Adviser programs in your unit for the current year.
		- OA Representative name:
		- OA Rep Adviser name:
		- Feature an annual presentation at a Court of Honor by the Troop/Team OA
		- Representative on the Order of the Arrow with a focus on the accomplishments of unit members.
		Participation: Promote lodge events and provide transportation to all Arrowmen wishing to participate.
		- At least 50% of unit OA members attend at least one lodge event in addition to their Ordeal.
		Elections: Schedule a unit election with the chapter election team annually.
		- Hold an election and have 100% of elected Scouts or Team Members complete their Ordeal.
		Planning: Maintain an active planning process that prevents overlap between lodge and chapter events with unit events.
		- Review the OA calendar with the Patrol Leader's Council or Team Leadership during annual troop/team program planning and schedule unit events so that 100% of troop/team programs do not overlap with any full lodge events.
		Conversion: Demonstrate the depth of your unit's OA program through Brotherhood Conversion.
		- At least 30% of eligible troop/team members seal their membership in the Order by converting to Brotherhood.
		CERTIFICATION
Link Tona About an		has met the requirements for the Order of the Arrow Unit Award of Excellence and is
Unit Type/Number ready to be recognized at the annual		ready to be recognized at the annual Lodge Banquet.
Scoutmaster		Email Address or Phone Number
(print and sign)		