



Unit Election Results Submission Form *Page 1 of 2*

Troop Information

The Election Team needs to fill this form out after each election. Any election results that cannot be submitted via Lodge Master should mail in the following form NO LATER THAN MAY 1st (for Spring Inductions) or SEPTEMBER 1st (for Fall Fellowship) to Jim Sheckels, 6916 Glynn Mill Farm Dr, Fayetteville, NC 28306-9516 or jim@sheckels.com.

Troop:	Chapter:	Date:
--------	----------	-------

Candidate Information

1 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

2 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

3 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

4 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

5 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------

6 Name:	DOB (MM/DD/YYYY):	BSA ID#:
---------	-------------------	----------

Address:	City:	Zip:
----------	-------	------

Phone:	Email:	Nutritional Requirements:
--------	--------	---------------------------



7 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
8 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
9 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
10 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
11 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
12 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	
13 Name:		DOB (MM/DD/YYYY):	BSA ID#:
Address:		City:	Zip:
Phone:	Email:	Nutritional Requirements:	