



OA Troop/Team Representative Information Form

Tom Kita Chara Lodge #96

Rib Mountain Chapter

Name: _____

Term of Office: _____

Address: _____

Troop/Team (circle one) #: _____

O/B/V: _____

City: _____

Zip Code: _____

Phone Number: _____

Email: _____

(Optional But Recommended)

Adviser's Name: _____

O/B/V: _____

Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Email: _____

Please e-mail completed form to ribmt@tkc.samoset.org