

The **WHITE & YELLOW** copy of this report **MUST** be received no later than **5:00 p.m.** \_\_\_/\_\_\_/\_\_\_ at:  
Gulf Stream Council, Attn: OA Nomination, 8335 N. Military Trail, Palm Beach Gardens, FL 33410

Use this form for adult (age 21 and over) nominations from a Troop/Team or a District Committee to the Lodge Election Committee for consideration as a candidate for participation in the O.A. Ordeal Induction. The candidate's primary paid registration must be in the nominating Unit/District.

**PRINT NEATLY OR TYPE**

Troop/Team Number \_\_\_\_\_ District \_\_\_\_\_ Registered Position \_\_\_\_\_

Candidate Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M / F

For every 50 registered active youth, one adult per Troop/Team may be nominated this year, if the Troop/Team has at least one elected youth. The following conditions must be fulfilled:

a. Selection of the adult is based on the ability to perform the necessary functions to help the Order fulfill its purposes and **is not for recognition of service**. The nominee's abilities include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. This nominee will be an asset to the Order because of demonstrated skills and abilities that fulfill the purpose of the Order. They include:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. The camping requirement of 15 days and nights of camping must be fulfilled within the two year period prior to this nomination date, and must include six consecutive days. All camping must be approved under the auspices and standards of the Boy Scouts of America. The balance of the camping must be overnight, weekend, or other short term camps with the Troop.

Long Term Camp: Date s \_\_\_\_\_ Location \_\_\_\_\_

Other Camping : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. The adult leader's membership will provide a positive role model for the growth and development of the youth members of the lodge because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Nomination Certification**

This nomination **must** be signed by the Troop/Team Committee Chairman or District Committee Chairman.

Printed Name \_\_\_\_\_ Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Lodge Election Committee Review**

BSA ID # \_\_\_\_\_

Adult nominations will be reviewed by the Lodge Election Committee. Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Council Executive  recommended  not recommended

Reviewed by \_\_\_\_\_ OA Chapter Advisor  recommended  not recommended