

# Unit Election Report

Lodge and Council \_\_\_\_\_  
 Unit type \_\_\_\_\_ Unit No. \_\_\_\_\_ Date of election \_\_\_\_\_  
 No. of registered active youth \_\_\_\_\_ No. of youth present \_\_\_\_\_

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

(Fill in names and ranks of eligible youths before election.)

Name	Rank/Award	Check if Elected	Name	Rank/Award	Check if Elected
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

I certify that the above youth members are eligible and approve them as nominees for election. I also understand that the election results will be final for the year.

\_\_\_\_\_  
Unit leader's signature

Number of members eligible \_\_\_\_\_  
 Number of votes required to be elected \_\_\_\_\_

Number of ballots turned in \_\_\_\_\_  
 Number elected \_\_\_\_\_

**Mail or email election report to**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Election team members' signatures:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List names, genders, postal and email addresses, home and mobile phone numbers, and BSA ID numbers of those elected on the back of this form. Write clearly!**

## Information on Youth Members Who Were Elected

Name	Address City, State & ZIP Code	Email	Home Phone Mobile Phone	BSA ID# Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
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				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

### Notes