20__ Unit Election Report

____ / ____ / _____ _____　　_____ _____ _____
Election Date (MM/DD/YYYY)　　Election Location　　　　　　　Troop Number　　District　　　Number of Registered Members

_____　_____　_____　_____
Number of Members Present (NMP)　Number of Ballots Turned In　Number of votes required to be elected (NMR)　Number of Members Elected
(Must be 50% of registered members)　(NBTI)　　　　　　　(NBTI/2, if fraction, round up to next number)　Must receive 50% or more votes

NOTES:

1. **Election must be completed by May 31 to be valid.**
2. All election results are final. No substitutions may be made at a later date for any reason.
3. At least 50% of the registered members must be present to hold a unit election.
4. Please fill in the names and ranks of all eligible youth on this form prior to the election.
5. Please fill in the rest of the information before the election. Unit Leader should sign the form the night of the election.
6. **Please print or type all information on this sheet.**
7. **The Youth Citations and this Unit Election Report must be received by the Council Service Center no later than May 31.**

> **NMR Examples**
>
> 8(NMP)/2 = 4 (NMR)
>
> 7(NMP)/2 = 3.5 => 4

Names of Eligible Youth	Rank	Elected? Yes	Elected? No	Names of Eligible Youth	Rank	Elected? Yes	Elected? No

Election Team Certification

Number of Ballots Turned In

Ballot 1　_____

Ballot 2*　_____

*Ballot 2 is held ONLY if no one is elected on Ballot 1.

Number of Members Elected

_____

_____

_____　_____　_____　_____
Signatures of Election Team Member　Signatures of Election Team Member　Signatures of Election Team Member　Signatures of Election Team Member

_____　_____　_____　_____
Date(s) of Summer Camp　　Location of Summer Camp　　　Date to be Called Out　　Location to be Called Out

_____　_____　_____　_____　___ / ___ / _____
Unit Leader Printed Name　　　Unit Leader Signature　　　　Home Phone　　Cell Phone　　Date (MM/DD/YYYY)

_____　_____　_____　_____　_____
Unit Leader Email Address　　　Unit Leader Street Address　　　City　　　　　State　　Zip

_____　_____　_____　_____　___ / ___ / _____
OA Unit Rep Name　　　　　OA Unit Rep Email Address　　　Home Phone　　Cell Phone　　Date Appointed

_____　_____　_____　_____　___ / ___ / _____
OA Assistant Leader Name　　　OA Assistant Leader Email Address　　Home Phone　　Cell Phone　　Date Appointed

For Office Use Only

_____　____ / ____ / _____　_____　_____　_____
Receipt Number　　Receipt Date (MM/DD/YYYY)　Received By　　Number of Citations Included　Check by Elections Chair

Top Sheet to office with Citations………………..First copy to Unit Leader………………..Second copy to Elections Team