

Vigil Nomination Form

Cho-Gun-Mun-A-Nock Lodge #467
Order of the Arrow WWW
Hawkeye Area Council



Full Name of Nominee: _____
First Name Middle Name Last Name

Home Phone: _____ Cell Phone: _____ Birthdate ____ / ____ / ____

Address: _____

City: _____ St: _____ Zip: _____

Registration: Unit or District: _____ Position: _____

Outstanding Service to the Order of the Arrow

Scouting Record

Length of Registration: As a Scout: _____ years As a Scouter: _____ years

Offices or Positions held (list offices/positions and time served):

Office/Position: _____ Years: _____

Office/Position: _____ Years: _____

Office/Position: _____ Years: _____

Highest Rank/Honor Attained: _____ Date: _____

Outstanding Scouting Service Performed: _____

Other Comments: _____

All Nominations Are Strictly Confidential

For Vigil Committee Use Only

Date Received: ____ / ____ / ____ Date of Brotherhood: ____ / ____ / ____

Vigil Name: Lenne Lenape: _____

Translated As: _____