Unit Contact Tracking Form This Form Must Be Completed By All Chapter Advisers

	Chap			District:_				
Chapter: Total Units in District: Total			l Units Contacted:		Total # of Elected Scouts:			
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Use Add	itional Forms When Necessary and	Staple Toge	<u>ther</u>					
Page :	1							
Troop/	Name of SM/SPL Contacted	Contact	Scheduled	Date	Completed	Adult Election	If an election was NOT held,	# Scouts
Team #	and Phone #	Date	Election	Confirmed	Elections	Team	why?	Elected
			Date		Date	Participant		

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Team #	and Phone #	Date	Election	Confirmed	Elections	Team	why?	Elected		
			Date		Date	Participant				

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Troop/	Name of SM/SPL Contacted	Contact	Scheduled	Date	Completed	Adult Election	If an election was NOT held,	# Scouts	
Team #	and Phone #	Date	Election Date	Confirmed	Elections Date	Team Participant	why?	Elected	

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Page	4							
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Team #	and Phone #	Date	Election Date	Confirmed	Elections Date	Team Participant	why?	Elected
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