

TROOP 975

Scout Information Form

SCOUT INFORMATION

Name: _____
Last First Middle Initial Suffix

Address: _____
Number & Street Apt. Number

_____ City State Zip Code

Home Phone: (____) _____

Date Joined Troop _____

Date of Birth: ____/____/____ **Current Grade:** _____

E-Mail Address: _____ **School:** _____

PARENT/GUARDIAN INFORMATION

Relationship: Father / Step-Father / Guardian (Circle One)

Name: _____
Last First Middle Initial Suffix
Fill in if Different than Scout

Address: _____
Number & Street Apt. Number

_____ City State Zip Code

Home Phone: (____) _____

Work Phone: (____) _____

E-Mail Address: _____ **Driver's License:** _____
State Number

Relationship: Mother / Step-Mother / Guardian (Circle One)

Name: _____
Last First Middle Initial Suffix
Fill in if Different than Scout

Address: _____
Number & Street Apt. Number

_____ City State Zip Code

Home Phone: (____) _____

Work Phone: (____) _____

E-Mail Address: _____ **Driver's License:** _____
State Number

VEHICLE INFORMATION

	Year	Make	Model	#Belts	Insurance Amount in \$1000		
					Per Person	Per Accident	Property
Vehicle 1	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
Vehicle 2	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
Vehicle 3	_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Insurance Carrier: _____