

PLEASE FILL OUT THE ATTACHED AND RETURN

Please print neatly and legibly

SCOUT'S NAME: _____

SCOUT'S DATE OF BIRTH --- MONTH: _____ DAY: _____ YEAR: _____

SCOUT'S EMAIL: _____

PARENT'S EMAIL: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

MOTHER CELL PHONE NUMBER _____

FATHER CELL PHONE NUMBER _____

VEHICLE INFORMATION:

DRIVER'S LICENSE # (ON LICENSE CARD) _____

LICENSE PLATE # _____

MAKE OF VECHICLE _____ MODEL _____ YEAR _____

INSURANCE COMPANY _____

INSURANCE LIABILITY COVERAGE
(\$100,000/\$300,000) IS MININUM REQUIRED BY BSA _____

(IF ANOTHER DRIVER OR VECHICLE MAY BE USED PLEASE FILL OUT THE SECTION BELOW AGAIN...THANKS)

DRIVER'S LICENSE # (ON LICENSE CARD) _____

LICENSE PLATE # _____

MAKE OF VECHICLE _____ MODEL _____ YEAR _____

INSURANCE COMPANY _____

INSURANCE LIABILITY COVERAGE
(\$100,000/\$300,000) IS MININUM REQUIRED BY BSA _____