

TROOP 66 PARENT INFORMATION

PLEASE PRINT INFORMATION AND BRING TO NEXT MEETING

Parent or Guardian of:		Today's date:
Name (<i>father</i>):		Nickname:
Occupation:		
Drivers Lic./ST:		SSN:
Emergency Contact:		D.O.B.:
Doctor:		Doctor Phone:
Insurance:		Policy #:
Allergies:		

Name (<i>mother</i>):		Nickname:
Occupation:		
Drivers Lic./ST:		SSN:
Emergency Contact:		D.O.B.:
Doctor:		Doctor Phone:
Insurance:		Policy #:
Allergies:		

Home Address:			
Home Phone #:		Work Phone #:	
Other Phones #: (Cell, Relative, etc.)			
EMAIL:			

Previous Scouting Experience?: Yes No
 I Can Help Drive To Troop Activities: Yes No

Vehicle 1 Make:		Vehicle 2 Make:	
Year:		Year:	
Model:		Model:	
License Plate #:		License Plate #:	
Number of Seat Belts:		Number of Seat Belts:	
Insurance Company:		Insurance Policy #:	
Insurance (in thousands)	Per Person	Per Accident	Property

Notes:			
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