

TROOP 149 NEW SCOUT INFORMATION

Scout's Name: Date of Birth: Rank (if transfer):
Email:

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Email:

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Email:

Home Address

Street:
City: , GA ZIP:
Home Phone: ()

*--Provide parent/guardian address information only if different than address listed above--
--Driver's License # and vehicle information required to drive on scout functions--*

Name of Parent or Guardian #1:

Street (if different):
City: State: () ZIP:
Adult leadership position: (Assistant Scoutmaster) (Committee Member) (Other)
Date of Birth: Driver's License #:
Work Phone: () Cell Phone: () Pager: ()
Email:

Name of Parent or Guardian #2:

Street (if different):
City: State: () ZIP:
Adult leadership position: (Assistant Scoutmaster) (Committee Member) (Other)
Date of Birth: Driver's License #:
Work Phone: () Cell Phone: () Pager: ()
Email:

Name of Parent or Guardian #3:

Street (if different):
City: State: () ZIP:
Adult leadership position: (Assistant Scoutmaster) (Committee Member) (Other)
Date of Birth: Driver's License #:
Work Phone: () Cell Phone: () Pager: ()
Email:

Each of the listed vehicles must have at least \$50K/100K/50K coverage (\$100K/500K/100K for 10 passenger and above vehicles), and every passenger must wear a seat belt when the vehicle is moving.

Make, model and year of vehicle #1: # passengers:()

Make, model and year of vehicle #2: # passengers:()

Make, model and year of vehicle #3: # passengers:()

Complete the Annual Permission Slip on the back of this form